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THE

Monthly Cyclopædia

OF

Practical Medicine.

EDITED BY

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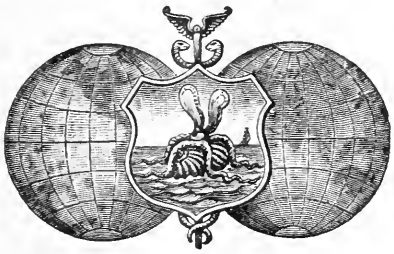
PHILADELPHIA.



LEADING ARTICLE:

"Cardiac Disorders."

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NEWS AND THERAPEUTIC HINTS.

Toothache of Dental Caries.

Resinous substances applied on cotton to the cavity are of special service, since they form a more or less impermeable dressing. In rebellious cases, when sensibility is excessive, Redier (quoted in American Medicine) recommends a mixture of a drachm of tincture of benzoin with $^1/_2$ drachm each of laudanum, chloroform, and pure creosote. A hard dressing for broad, shallow cavities is obtained with the following formula: 30 grains each of camphor and balsam of Peru, 75 grains of mastic, 1 ounce of sandarac, and $1\,^1/_3$ ounces each of 65-per-cent. ether and 90-per-cent. alcohol.

Oxygen Inhalation.

Many writers have argued from the physiological standpoint that the attempt to use oxygen inhalations for therapeutic purposes is necessarily fruitless. A theoretical discussion of the question by E. Aron is followed by a citation of clinical experiments. In cases of chlorosis the result of oxygen inhalation was absolutely negative. In marked dyspnœa from cardiac and pulmonary diseases somewhat better results were obtained. Several patients were relieved while oxygen continued to be administered, but no longer; others, markedly cyanotic, denied all subjective relief, and objectively no improvement was seen. So far as subjective findings are concerned, the substitution of ordinary air for oxygen without the patient's knowledge showed that in many instances these are largely due to suggestion. In carbon-dioxide poisoning inhalations of oxygen are indicated, owing to the strong chemical combination found between CO_2 and hæmoglobin, which combination is very slowly, if at all, affected by ordinary atmospheric air, while it is rapidly destroyed by an atmosphere containing a high percentage of oxygen. (Medical News.)

To Use the Laryngoscope.

Drop a minim of glycerin upon the mirror, warm slightly over an alcohol-flame, and then wipe off quickly. This will prevent the blurring of the image from condensation of respiratory vapors. (Medical Age.)

NEWS AND THERAPEUTIC HINTS.

Liver-spots.

Chloasma is most frequent in pregnancy, but also occurs quite commonly with diseases of the liver or uterus. The lesion consists of yellowish to blackish, irregular patches of epidermic discoloration, most frequent on the forehead. By way of a local application, Bulkley recommends peroxide of hydrogen. Van Harlingen prescribes a lotion of 5 1/2 grains of corrosive sublimate, 1/2 drachm each of zinc sulphate and lead subacetate, and 4 ounces of water, to be applied morning and evening.

The Teaching of Obstetrics in England.

Practical instruction in obstetrics seems greatly neglected in the medical schools of England. The only part of the obstetrical curriculum carried out in full is that of systematic lectures. Medical students are sent to attend maternity cases outside, without any practical instruction whatever beforehand. Students do not spend a certain amount of time on duty in lying-in institutions, because this is not compulsory in England. On this account, perhaps, well-trained midwives are more in demand than young medical men. At any rate, the fact remains that in obstetrics, at least, English medical schools are behind the rest of the world.

Promotion of Anatomical Science.

A bill now pending in Congress is especially designed further to promote anatomical science in the District of Columbia. It provides that all persons in charge of hospitals, prison, jail, and morgue will deliver all bodies, which would otherwise have to be buried at the public expense, to a board created to control such remains, and vested with authority either to allow the use of such for the promotion of anatomical science under certain definite restrictions or to cause such bodies to be buried. The benefits arising from such a board will accrue immediately to the advantage of medical and dental colleges, and the expenses of the board shall therefore be defrayed by these institutions. Attention is called to the fact that the present law authorizing the distribution of corpses has been operative for five years without any objection being raised. The necessity for the establishment of a board to take special charge of the department is emphasized by the disinclination of persons having authority to avail themselves of the law, and their having numerous bodies buried at public expense when they might have been used to advance medical and dental education, and also because under the present law bodies cannot be delivered to any board for use in examinations on anatomy.

NEWS AND THERAPEUTIC HINTS.

Painless Removal of Adherent Dressings.

Dr. von. Mikuliez, of Breslau, suggests an easy means of obviating this drawback—viz., by wetting the dressings with oxygenized water. This provokes a copious evolution of bubbles of gas, the mechanical effect of which is to free the gauze and allow its removal without causing pain. The method is so simple as to deserve the notice of surgeons. (Medical Press and Circular.)

Cigarette-smoking.

Dr. H. F. Fisk, principal of the Northwestern University Preparatory School, has put a ban upon cigarette-smoking in the institution, and any boy who refuses to give up the habit will be obliged to leave and his tuition fees will be refunded, as experience has proved to Dr. Fisk that "boys who smoke are no good to the school, learn nothing themselves, and set a bad example to the other students," and statistics prepared by him, covering a period of several years, show that, of the boys who smoke, only 2 per cent. are among the 25 per cent. of students who stand highest in class-scholarship. On the other hand, 57 per cent. of the smokers are among the 25 per cent. lowest in class-scholarship.

Devitalized-Air Toxæmia a Cause of Tuberculosis.

Denison shows the importance of recognizing the basic law of degeneracy which springs from rebreathing once-used air, and which finds its chief and final expression in tuberculosis. The toxæmia considered appears to be due to stagnant, unventilated air existing in the lungs themselves. The devitalization, due to lack of ventilation, leads to the pale face, sallow skin, weak pulse, cold hands and feet, and sluggish bowels; the feeble powers of digestion, assimilation, and nerve-energy: all of them proofs of flagging vitality. The lethargy is especially due to deprivation of food for the blood: *i.e.*, of oxygen from the air. (American Medicine.)

NEWS AND THERAPEUTIC HINTS.

Poor Health of Americans in Philippines.

The poor health of many Americans in the Philippines has been diagnosed as due to nostalgia. The Philippine Commission has been urged to make an appropriation for a daily cable-news service from the United States, in order to bring Americans in closer touch with their home-life. A fund sufficient to cover the cable tolls for seventy words a day for three months has been obtained, says American Medicine, by subscription. It is probable than an amount to cover the tolls for one hundred words will be received before the news-service is inaugurated. The government will send bulletins free to all points on military wires.

Bacteria Which Keep the Sea Fresh.

One of the most recent discoveries of Professor Hensen, the German State marine biologist, is of bacteria which keep the sea fresh by attacking the surplus organic matter in it. Other researches in Plankton show that in some places the sea is a mass of liquid food, which fish and birds inhale, as it were. Even around the arctic and antaretic poles this minute life exists in such a quantity as to permeate and color the sea. (The Nineteenth Century and After.)

Septic Poisoning during Operations.

As a further means of avoiding septic poisoning during operations, a special mask is now being used, says an exchange, by a number of surgeons throughout Europe. The invention is the outgrowth of the fact that a great obstacle to thorough antisepsis is occasioned by the danger arising from the breath of the surgeon and his assistants. The mask is of fine gauze and tightly covers the mouth and nose, but does not interfere with the sight, hearing, or breathing. If the protection is as great as is claimed, this mask will soon become an important antiseptic precaution in all operations.

NEWS AND THERAPEUTIC HINTS.

Asbestos Sheathing on American Warships to Prevent Rheumatism.

When the navy turned to building ships of steel it was remarked that, unless some device was adopted for offsetting the effect of heat's condensing on the metal, it would be only a short time before all officers would be suffering from rheumatism. The introduction of metal chairs, tables, and other pieces of furniture followed, and now there is no wood of any size to be found in an officer's room on a modern warship. He sleeps in an iron berth, keeps his clothes in a steel chest, while the floor, ceiling, and walls of his apartment are of the same metal. Since the adoption of solid armor for the sides of warships, a great deal of trouble has been experienced in making habitable the quarters directly next the outside covering. The heat of the room condensed on the cold metal, and in a short time the occupant was in the hospital with rheumatism. This is now guarded against by the use of a sheathing of asbestos placed next to the metal, held in place by a frame-work. This is found to absorb the moisture in a satisfactory manner. Care is also taken to see that the berths are not built against the outside of the vessel, but against one of the side-walls, so that the sleeper will be as far as possible from the metal that comes in contact with the water. (Brooklyn Eagle.)

Tannin and Bromine in Treatment of Pruritus.

Joseph, in Medical Standard, states that an ointment containing bromine and tannin is of great service in the treatment of all forms of pruritus. The bromine, according to his statement, is used for its anæsthetic properties and the tannin for its astringent effects. He prescribes an ointment composed of bromine 20 per cent., and tannin, 40 per cent. He states that the action of this ointment is increased by the alkaline secretion of the skin, without producing any irritation. He uses as a base a 10- to 30-per-cent. jelly. (Journal of the American Medical Association.)

NEWS AND THERAPEUTIC HINTS.

The Employment of Antiseptic Mixtures of Castor-oil.

F. Blonski (Nowiny Lekarskie, April-May, 1901; Vratch, vol. xxii, No. 19) proposes to render castor-oil antiseptic by the addition of such intestinal antiseptics as resorcin, benzonaphthol, salol, etc. In children he prefers benzonaphthol and resorcin as the least harmful. The former is decomposed in the intestines into benzoic acid and B-naphthol and has no effect on the stomach, while the latter exerts an antiseptic action on the stomach and, besides, is twice as strong as phenol. Salol is more or less dangerous on account of the large percentage (38 per cent.) of phenol it contains. He advises to permit the druggists to dispense without a prescription the following two mixtures: (1) Castor-oil containing 6⅔ per cent. of resorcin and benzonaphthol 20 grammes each to 260 grammes of oil; (2) the same mixture half the above strength. The dose is the same as that of ordinary castor-oil.

Injections of Crude Petroleum to Relieve Fæcal Impaction.

Dr. W. M. Robertson, of Warren, Pa., says: "It is not at all infrequent to find that high injections of water, olive-oil, or any other of the liquid injections commonly used for obstruction of the bowel are of little use, and various directions are given for overcoming the trouble. As a rule, the trouble is simply due to the inability of the fluid used to penetrate the hardened and almost water-and-oil-proof fæcal mass, so that it may become movable. Physicians of the "oil-regions" have found out by experience that the common crude oil as it comes from the wells is the best solvent known for the disintegration of these masses. There is no fæcal mass which it will not penetrate and soften. One quart of the oil should be introduced through a colon-tube and allowed to remain for twelve hours. There is usually no trouble about its retention. This treatment has been found to succeed after the most energetic use of water and sweet oil and glycerin failed to give relief. The crude oil has also been used internally, and there seems to be no reason why it should not be given by the mouth in conjunction with the rectal injections for obstipation. In that case it should be given with castor-oil." (Charlotte Medical Journal.)

Chromic Acid for Buccal Lesions.

Jarre announces that local applications of chromic acid promptly cure all inflammatory and ulcerative lesions of the buccal mucous membrane. It should be applied in a concentrated solution, and rinsed off at once to restrict its action to the superficial tissues. (Int. Med. Congress.)

LITHIATED SORGHUM COMP

A 14-ounce bottle *free* if you pay expressage

cures cystitis
reduces prostatic hypertrophy
mitigates and shortens gonorrhea
allays irritability of the bladder
checks incontinence of urine
increases the flow of urine
makes the urine aseptic
keeps the uric acid in solution
in brief it is the *ideal* demulcent diuretic

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NEWS AND THERAPEUTIC HINTS.

LIGHT-WAVES.

The wave-lengths vary between about thirty-two millionths of an inch, which is the measurement of extreme red, and the fifteen-millionths of an inch, which is the measurement of extreme violet. Their speed equally defies grasp by the imagination, ranging from twenty billions to four hundred billions per second. But as the shorter waves take quicker steps than the longer waves, they all arrive together, combining to affect the eye as white light. As observed by Newton, the sun's spectrum appeared to be an unbroken band of colors, and it was not until thirty years after his observations that Wollaston noticed seven dark lines appearing at intervals across the spectrum. These he regarded as marking the boundaries between the seven colors. But in 1814, Fraunhofer, using improved apparatus, examined the spectrum more minutely, and detected the presence of no less than 576 dark lines, the position of more than one-half of which he mapped out, naming the few very conspicuous among them after the letters A to H. They are known as "Fraunhofer's lines," but so many have been discovered since that their wave-lengths are now expressed in figures. (New York Evening Post.)

TO ALLAY CHORDEE AND SEXUAL EXCITABILITY.

℞ Ext. ergotæ fl., 15 minims.
Tinct. gelsemii, 5 minims.
Potassii bromidi, 20 grains.
Tinct. hyoscyami, $^1/_2$ drachm.
Syr. aurantii, q. s. ad $^1/_2$ ounce.

M. Sig.: To be taken at bed-time.

FOMENTATIONS.

A hot fomentation that will not require to be changed frequently can be made by dipping a flat section of sponge in hot water. Apply to the part, and upon sponge place a hot-water bag. If desired, the water may be medicated in which the sponge is dipped. (Medical Dial.)

NEWS AND THERAPEUTIC HINTS.

Libraries for the Blind.

Libraries for the blind are needed in every city. The largest in the country is said to be in Philadelphia and contains about 2500 volumes. The membership is at present 200. Books for the sightless are printed in three styles of embossed writing: by the Moon alphabet, made up of single straight lines and arcs; the Braille system, in which dots represent letters; by the American method, in which the ordinary letters of the English alphabet are used. The blind soon learn to read almost as rapidly as the ordinary reader with the eyes. The great need is good modern books, which should be supplied by some philanthropist in the interests of a large number of people sadly denied the most valuable of earthly blessings.

To Abort Furuncles.

Calcium sulphide in doses of $^1/_{100}$ grain will usually answer this purpose; increased to $^1/_2$ grain, pus-formation is inhibited with almost certainty. (Ex.)

The Coagulation of the Blood.

At a recent meeting of the Medical Society of the Paris Hospitals (Bulletins et Mémoires de la Société Médicale des Hôpitaux de Paris, July 11, 1901) G. Milian described the technique of his blood-examinations. He noted that blood coagulates much more rapidly at the end of a hæmorrhage than at the beginning, and that, while retraction of the clot may not occur in the blood at the beginning of a hæmorrhage, it is always present at the end. The blood should be taken from two fingers of one hand; that from one finger is taken drop by drop, that from the other in one larger mass. Milian takes 100 drops upon 100 slides, and the time of the coagulation of each is noted, especially that of the first and last drops. The duration and rapidity of the hæmorrhage are also noted. In the normal individual the hæmorrhage lasts two to three minutes, and 20 drops are secured; in atrophic cirrhosis of the liver it lasts 9 minutes, and 220 drops are secured. The larger quantity of blood shows the time when retraction of the clot follows.

NEWS AND THERAPEUTIC HINTS.

VALUE OF SILVER PREPARATIONS IN OPHTHALMIC WORK.

Hartridge asserts that there is no specific for conjunctivitis. In all cases of purulent ophthalmia silver nitrate is and has been for many years the main reliance. Its efficacy depends on its germicidal quality, supplemented by its astringent effect. The employment of the drug requires great care and skill. It should be very lightly applied to the everted lids and should not be allowed to come in contact with the cornea. A 2-per-cent. solution is best. Actol, itrol, argonin, argentamin, nargol, largin, and protargol are also used. (American Medicine.)

CARCINOMA.

Dr. Daniel Lewis, the New York State Commissioner of Health, in his annual report to the legislature, urges the annual appropriations of a fund to maintain the cancer laboratory in connection with the University of Buffalo. The investigations there this year will include experiments on treatment by means of x-rays. The town of Brookfield, situated some miles south of Utica, during the 15-year period 1886-1900 had a total mortality of 720 deaths from all causes, of which 82 were due to carcinoma. Dr. Lewis's special investigation of this town shows a large number of "cancer-houses," so called from having had two or more cases of carcinoma develop in them. In the township of Plainfield, near by, a special cancer-center has been discovered, where nearly all the houses within a radius of a quarter of a mile have had from one to five cases each.

UNGUAL FURROWS.

Transverse furrows in the nails accompany diseases of the stomach and follow most infectious diseases. Longitudinal furrows may be due to old age, mental exertion, scleronychia (thickening and dryness), or onychorrhexis (split nails).

NEWS AND THERAPEUTIC HINTS.

WHY BOILED MILK CAUSES SCURVY.

Joseph E. Winters (Medical Record) says: "The mineral matters of the food, to be properly assimilated, must be in their natural condition, which is that of organic combination with the proteid substances. Animals in which milk alone is a sufficient food die of inanition if the mineral substances are extracted, and the result is the same if these elements are added to the casein, fat, and milk-sugar, the organic combination being broken up. In the breaking up of the organic combination or destruction of the chemical union between proteids and mineral substances is to be found the sole etiological factor of scurvy in the artificial preservation of foods by heat."

THE IMPORTANCE OF UNCOOKED VEGETABLES IN THE SPREAD OF PARASITES AND INFECTIOUS DISEASES.

Dr. G. Ceresole records additional evidence of the possible danger of the spread of parasites and infectious diseases through consumption of uncooked vegetables. He obtained lettuce, endives, radishes, and celery as sold in the market after the usual method of cleaning, and washed them in sterilized water. On examination of the sediment the microscope revealed an extensive fauna and flora. Among the objects observed were amœbæ; threadworms; eggs of tænia, oxyuris, and anchylostomum; and a great variety of micrococci, streptococci, staphylococci, bacilli, and sarcinæ. He isolated B. coli communis, a bacillus which agreed in characteristics with that of typhoid fever, the bacillus of tetanus, and B. septicus. As a precaution against danger, he advises that vegetables which are to be eaten uncooked be first washed and then immersed for half an hour in a 3-per-cent. solution of tartaric acid, which agent has been shown to have the power to disinfect completely salad vegetables artificially infected with the spirillum of cholera.

IMPURE FOOD.

Nearly two tons of baking-powder advertised to sell for four cents per pound was confiscated recently by the Health Department of New York City. Analysis showed that it contained between 25 and 30 per cent. of a finely-pulverized stone consisting mostly of magnesium silicate.

NOCTURNAL POLLUTIONS.

Excellent results are obtained by the treatment of severe cases of involuntary emissions by 30 minims fluid extract of ergot combined with 15 grains of sodium bromide, administered at bedtime.

NEWS AND THERAPEUTIC HINTS.

Nitroglycerin.

Dr. John Upshur, in the Journal of the American Medical Association, refers to nitroglycerin as an agent that is frequently mentioned as a heart-tonic, and we know that its power of lowering tension and lessening resistance causes it to act indirectly as such. He concedes its great value in angina, both true and false, but is persuaded that it is "contra-indicated in the weak heart of typhoid fever, septicæmia, and surgical shock," and believes no agent can be safely administered to sustain heart-action and to prevent death from heart-failure which depresses the medullary centers and threatens paralysis of respiration and the muscular system. So far as the line between stimulation and depression is concerned, it is here easily crossed, and small doses gradually increased and the effects closely watched would seem to be the best way to employ this, if at all.

Dr. Forbes Ross, in the British Medical Journal, warns against the free use of nitrites and nitroglycerin in senile heart-failure, when the venous return from the portal system is obstructed, the risk being the possible production of serious hæmorrhage from the bowel; and in these cases bleeding piles and persistent headache under the use of the remedy would be indications for its withdrawal. (Medical Council.)

For Chorea.

W. B. Ewing (Pennsylvania Medical Journal) has used hyoscine hydrobromate in twenty cases of chorea occurring in children and adolescents, with uniformly good results, in the dose of $^1/_{200}$ to $^1/_{50}$ grain, administered hypodermically in some cases. Though usually given in conjunction with Fowler's solution, in several instances, where arsenic had failed, the hyoscine was used instead successfully.

The Length of Life in Epilepsy.

In a recent Paris thesis Dr. J. Carton gives statistics concerning the age and cause of death of 419 French epileptics. From 5 to 10 years, 11.9 per cent. die; from 10 to 15 years, 14.3 per cent.: from 15 to 20 years, 22.4 per cent.: from 20 to 25 years, 9.6 per cent., while from 25 to 45 years, 6.4 per cent. Below 5 and above 45 there were very few deaths at all. The average age of death was 25 years and 2 months. Nearly one-third of the epileptics died of severe or prolonged convulsions; a trifle more than one-third died of pulmonary troubles, such as tuberculosis and pneumonia: while a very small proportion of deaths were due to asphyxia or injuries sustained in a fit.

NEWS AND THERAPEUTIC HINTS.

Why Does the Stomach Not Digest Itself?

This question, a perpetual puzzle, was recently answered by Professor Danilevski in a paper read before the Russian Society of Naturalists and Physicians. The author claimed to have demonstrated a specific substance in the gastric mucosa, which inhibits the action of pepsin and does prevent autodigestion. This substance, which he calls antipepsin, is secreted by the epithelial cells. A similar substance, antitrypsin, is secreted by the intestinal epithelium and inhibits the action of trypsin.

The Consumption of Tobacco.

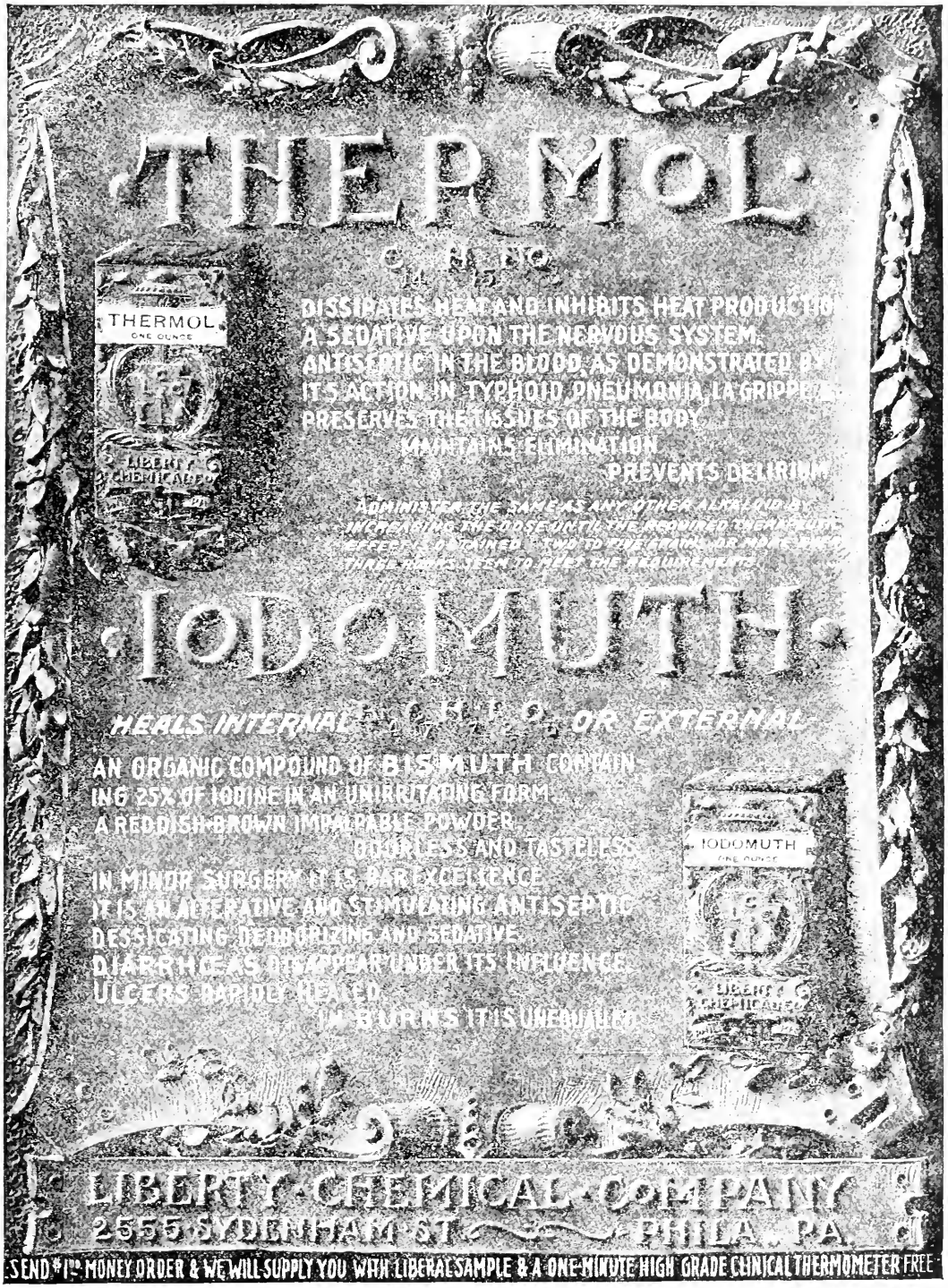
According to recent statisties, the average consumption of tobacco by each person in the various countries of the world is as follows: Netherlands, 3400 grammes; United States, 2110; Belgium, 1552; Germany, 1485; Australia, 1400; Austria and Hungary, 1350; Norway, 1335; Denmark, 1125; Canada, 1050; Sweden, 940; France, 933; Russia, 910; Portugal, 850; England, 680; Italy, 635; Switzerland, 610; and Spain, 550.

Salophen in After-pains.

Dr. Audebert (Archives Méd. de Toulouse) recommends salophen for the treatment of after-pains. The remedy has the property of abolishing the pain without interfering with the contractions of the uterus. He prescribes a dose of 15 grains, which he repeats in two hours if necessary. As a rule, the pains disappear in a half-hour after the first dose. It occasionally happens that the pains reappear on the next day, but then another dose drives them away completely and permanently. (Merck's Archives.)

Cocaine vs. Castration.

A writer in the Medical Record, commenting upon castration for enlarged prostate, says he injected cocaine into the testicles twice a week, for two months, in two cases of this kind. There was absorption, immediate relief from the distressing symptoms, and recovery. In both cases, while the power of copulation remained intact, there was absolute cessation of the production of spermatozoa.


THERMOL
DISSIPATES HEAT AND INHIBITS HEAT PRODUCTION
A SEDATIVE UPON THE NERVOUS SYSTEM
ANTISEPTIC IN THE BLOOD AS DEMONSTRATED BY
ITS ACTION IN TYPHOID PNEUMONIA LA GRIPPE
PRESERVES THE TISSUES OF THE BODY
MAINTAINS ELIMINATION
PREVENTS DELIRIUM
ADMINISTER THE SAME AS ANY OTHER ALKALOID BY
INCREASING THE DOSE UNTIL THE REQUIRED THERAPEUTIC
EFFECT IS REACHED TWO TO FIVE GRAINS OR MORE EVERY
THREE HOURS SEEM TO SUIT THE REQUIREMENTS
THERMOL
ONE OUNCE
LIBERTY CHEMICAL CO
IODOMUTH
HEALS INTERNAL OR EXTERNAL
AN ORGANIC COMPOUND OF BISMUTH CONTAIN
ING 25% OF IODINE IN AN UNIRRITATING FORM
A REDDISH-BROWN IMPALPABLE POWDER
ODORLESS AND TASTELESS
IN MINOR SURGERY IT IS PAR EXCELLENCE
IT IS AN ALTERATIVE AND STIMULATING ANTISEPTIC
DESSICATING DEODORIZING AND SEDATIVE
DIARRHŒAS DISAPPEAR UNDER ITS INFLUENCE
ULCERS RAPIDLY HEALED
IN BURNS IT IS UNEQUALED
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Cyclopædia of Current Literature.

ABDOMINAL PAIN, THE SIGNIFICANCE OF PATHOLOGICAL AND CLINICAL.

When a patient has been seized with sudden severe abdominal pain:—

1. The pain should not be masked by opiates before the surgeon has an opportunity to see the case.

2. The previous history, accompanying symptoms, and physical signs must be carefully considered.

3. Careful examination of the thorax and abdomen in all cases of pain should never be omitted.

4. When hæmorrhage is suspected, the abdomen should always be explored. If the patient is in collapse and the pulse apparently too weak to allow the patient to undergo exploration, prelimi-

nary infusion of salt solution should be made into the veins or under the skin.

5. When the pain is excruciating and the abdomen shows signs of infection, exploration should be made at the earliest possible moment.

6. The seat of the initial pain, as described by the patient and his friends, is a good guide to the incision, when, from other symptoms, the surgeon is in doubt.

7. The history and signs other than pain must be relied upon for exact or reasonably positive diagnosis.

8. When some of the rarer abdominal lesions are suspected, exploration should nevertheless be made. Such an exploration may be useless, but, if resorted to as a routine procedure in all cases, the greatest possible number of lives would be saved.

9. When there is the least question, the genuineness of the pain should be tested as thoroughly as possible.

10. The pain of an atypical typhoid, of a pleurisy, of a pneumonia, must be guarded against. When typhoid is prevalent in a community the greatest care must be taken lest the surgeon be misled by the pain of such a case.

11. The observer must be on his guard lest he confuse the pain of simple functional disturbances with that of organic disease; he must rely upon the accessory signs of the organic lesion.

12. When in grave doubt as to the significance of pain and other symptoms, the benefit of the doubt should be given the patient by surgical exploration.

13. Finally, when no exploration is regarded as justifiable, pain should be controlled by morphine, by hypnotics, or, if necessary, by general anæsthesia. With very few exceptions, however,—chiefly cases of renal and biliary colic,—the pain that demands general anæsthesia demands operation. M. H. Richardson (Boston Med. and Surg. Jour., Feb. 27, 1902).

ALCOHOLISM, APOMORPHINE HYDROCHLORATE IN.

Conclusions regarding the use of apomorphine hydrochlorate in alcoholism are:—

1. To obtain an hypnotic action with apomorphine it should be given hypodermically.

2. The dose cannot be fixed. It is best to begin with a small dose—$^1/_{30}$ grain or less—and to repeat this or give a slightly larger dose within a short time. Further doses should not be given after vomiting occurs, until several hours have passed.

3. Doses repeated in two or three hours have but little beneficial effect.

4. The administration of apomorphine should not be repeated in patients who are weak.

5. The duration of the hypnotic action is only a few hours, and when the patient awakes his condition is practically unchanged, except in "ordinary drunks."

6. The best results are obtained from apomorphine when it is followed in two or three hours by some recognized hypnotic, as bromide, chloral, paraldehyde, etc.

7. Solutions of apomorphine are unstable, and should be freshly made for use. Old solutions should never be used.

8. Apomorphine may be employed as an hypnotic in selected cases of alcoholism. The best results are obtained in "ordinary drunks" and in cases verging on delirium tremens. But in some of these cases the drug has no effect whatever.

9. The administration of apomorphine to patients in delirium tremens is without beneficial result, and may even be attended with danger from its depressing action. Warren Coleman and J. M. Polk (American Medicine, March 8, 1902).

APPENDICITIS.

The time in which to operate in appendicitis may be summarized as follows:—

1. In the early hours of an attack, preferably the first twelve, one should insist on operating, and should tell the patients the danger of delay.

2. In cases with rigid and distended abdomen, vomiting, etc., which have passed into the second day or beyond, one should not operate, for their chance of recovery from the attack is better without it.

3. Operating in the interval should be advocated when the risk is slight, thus avoiding danger of recurrence. J. Warren Little (Northwestern Lancet, March 1, 1902).

More extraordinary complications attend appendicitis of a chronic type, while the attack of an acute type invariably leads to gangrene and peritonitis as cause of death. Within the last six months two cases have been personally seen where a patient, absolutely well forty-eight hours before, and being taken with most violent appendiceal pains, showed an appendix gangrenous from base to apex, and which must necessarily produce a fatal peritonitis were it not immediately removed, and this in spite of medical treatment. When one realizes that pain may be absent in a case of acute appendicitis or felt at a totally different spot, that fever may be absent or range to 104° or 105° F., that a general disturbance and local rigidity are perhaps the only constantly present symptoms of the disease, that even these are often misleading, one is again urged to interfere, so as, in the uncertainty, to attack the condition before it has passed even the help of surgery.

The cause of appendicitis is within the appendix, and there is a time when it may be removed by a purgative, just as an obstruction in the intestine may be removed by free purgation. If after purgation the pain should be removed and stay away, the patient is cured medically. But should pain return or should the pain not disappear, it should be taken for granted that the trouble cannot be removed except by the knife. Ernest Laplace (Penna. Med. Jour., Feb., 1902).

BLOOD, EXAMINATION OF, IN RELATION TO SURGERY.

Wherein does the blood-count aid those of us interested in clinical surgery in the diagnosis? If there be a positive count in pus-formation, also in inflammations without pus as well, and even when there is apparently nothing the matter with the patient at all with the indiscriminant frequency with which it seems to occur, wherein is there sufficient justification for the surgeon to rely on it?

It cannot even be relied upon to indicate with any degree of accuracy an inflammation, to say nothing of pus-formation, as witnessed in a class of cases personally studied, in which a high grade of leucocytosis existed and nothing of any importance could be found either before or after the operation. Where is the aid to the surgeon, when if he had never heard of such a thing as a blood-count he would be a very poor diagnostician if he could not say, in

the vast majority of cases, there is or is not inflammation? One has only to put his finger on an acute inflammation to know it; what the surgeon is in doubt about is whether or not pus is forming at that point, and if such as indicated is the truth about the blood-count, how can it aid? If it does not prove a reliable aid in the doubtful cases, it is no aid at all, for, when the diagnosis is arrived at without it, it would be at best only corroborative, and of scientific interest.

If, in addition to this, it misleads, then it is not an aid, but a positive harm.

Not for a moment is the great present aid and further possibilities of the laboratory to medicine decried, for in the matter of blood-examinations the laboratory has developed many valuable facts. But in this matter of leucocytosis as an aid to the surgeon in diagnosis of surgical troubles one is far from having anything of positive value.

As at present developed in the hands of the average surgeon, if accepted and consistently acted upon, they would do great harm. As to the future—that is another thing. J. M. Baldy (American Medicine, March 15, 1902).

BORAX AND BORIC ACID, USE OF.

From a study of the literature and from personal investigations the following conclusions may be drawn:—

1. The use of borax or boric acid as a preservative in butter and cream in the quantities specified in the recommendations of the English Commission is justified both by practical results and by scientific experimentation.

2. The dusting of the surfaces of hams and bacon which are to be transported long distances, with borax or boric acid, not exceeding 1.5 per cent. of the weight of the meat, is effective and not objectionable from a sanitary standpoint.

3. Meat thus dusted with borax or boric acid does not become slimy, because the preservative thus used prevents the growth of aërobic, peptonizing micro-organisms. V. C. Vaughan and W. H. Veenboer (American Medicine, March 15, 1902).

BREAST, MALIGNANT DISEASE OF THE.

In sixty cases of cancer of the breast, with the exception of two, where the diagnosis was deceptive, most thorough operation was personally practiced. The axillary lymphatic tissues especially were carefully removed, and every scrap of fascia, both anteriorly and posteriorly. In cases where the axillary glands were infected, the lower part of the pectoral was removed and in several cases the pectoralis minor was cut across thoroughly to reach and to extirpate a chain of diseased glands extending toward the clavicle. The skin has always been very freely removed, so that in some cases it was unable to be brought together after operation. Great attention has been paid to such points as the warm clothing of the patient, the temperature of the rooms, and especially rapidity in operating. The anæsthetic has generally been gas and ether, followed by chloroform in the later stages of the operation. Drainage has been universally employed, sometimes in more than one part of the wound.

The following lessons seem to be inculcated from the record of these sixty cases: 1. That the risk of removing cancer of the mammæ by extensive operation is small and should not amount to more than 1 or 2 per cent. Sepsis is preventable, and when it occurs it is

a blameworthy error on the part of the surgeon. 2. That early and free removal gives prospect of years of freedom and in a good percentage of cases of good health and enjoyment of life. 3. That the cases which do badly are (1) soft, rapidly growing cancer in young and vascular women, and (2) cases of long continuance before operation where the skin and cervical glands are widely infected. 4. That in certain cases visceral cancers and cancers in the liver co-exist with or rapidly follow operation, and the explanation of these is uncertain. 5. That the practice of early exploration by incision of small nodules and indurations in the breast is of the first importance, and should be strongly urged upon the profession generally, especially upon those in general practice, who so often see these cases in their early beginnings and upon whom the great responsibility of prompt diagnosis falls. 6. No one should undertake an operation for mammary cancer unless he is capable, and has had sufficient operative experience to remove thoroughly all lymphoid tissues from the axilla, the leaving of infected glands toward the apices of the axillary spaces being a common source of failure in the results of this operation. 7. The prognosis of mammary cancer is still dubious, and sometimes instances arise which falsify ordinary experience. Bad cases have long freedom from return. Early cases show recurrence. But such do not invalidate the rule: Operate early, operate extensively. A. Marmaduke Sheild (Lancet, March 8, 1902).

CARCINOMA OF THE CORPUS AND CERVIX UTERI.

The duration of carcinoma of the cervix is extremely difficult to define, when consulted, for the first time. If the neoplasm has already reached that point where it produces symptoms of sufficient severity to demand medical aid, it has probably been present for some little time, and the date of its commencement can only be a mere estimate, and for this reason the statements given by various authorities differ considerably. It has always personally seemed that carcinoma of the portio progresses very much more slowly than when the growth is localized in the cervix.

Gusserow and Schroeder estimate that death from carcinoma of the cervix will occur within a year to one year and a half, but there are cases which will go through their evolution at a much faster pace than this. The limit of eighteen months from the beginning of the symptoms is exceeded in a very large number of cases, especially so if a properly directed and efficient treatment for the prevention of extension of the growth is undertaken. C. G. Cumston (Annals of Gynec. and Ped., March, 1902).

CARCINOMA, X-RAYS IN.

The treatment of lupus and of rodent ulcer by electrical methods seems to be assuming an established position. In a case of ulcerated cancer of the breast under treatment at St. Bartholomew's Hospital there has been extensive healing from exposures to x-rays. The patient when admitted had a large, open, ulcerated wound of the right breast, measuring about four inches in one diameter and five inches in the other. Treatment with x-rays was commenced on November 14th and an exposure of ten minutes was given four times a week, with few omissions, until January 17th. After a few days signs of healthy cicatrization began to appear around the

margins of the ulcer. This continued to advance until the healing process had extended inward from the margin for a distance of fully half an inch all around. The center of the wound gradually ceased to slough and appeared to be in process of healing all over; but the patient being at a late stage of her illness, secondary deposits in remote parts of the body became disagreeably evident, and the x-ray treatment was suspended in view of the hopelessness of the future of the patient. The total number of exposures was 17, and it was very important to note that many were made with the ulcerated surface covered by dressings or bandages. Since the suspension of the treatment exactly four weeks ago, the process of healing had gone on quite steadily, and now there is a firm and healthy scar covering the whole surface, except about one square inch in the center. This portion is also a healthy healing surface, though not yet covered by epithelium. The local effect was splendid, but there was no influence upon the spread of the disease in the remote parts of the body. H. Lewis Jones (Lancet, Feb. 22, 1902).

CARDIAC DISORDERS.

Of diseases that closely resemble endocarditis clinically, septicæmia, typhoid fever, acute tuberculosis, malaria, etc., may be noted. The diagnostic importance of leucocytosis, of the results of bacteriological examination of the blood, and of a peculiar arhythmia or instability of the heart should be emphasized. The first two of these serve to recognize the bacteræmia, and the third serves to indicate that the septic process has implicated the heart. The leucocytosis may not be marked; it is usually moderate—from 15,000 to 35,000 leucocytes to the cubic millimeter of blood. In some cases the leucocyte-count varies but little from the normal—usually the very mild and the very severe cases. But should the leucocyte-count reveal but slight increase in the total number of leucocytes, the differential count will probably reveal a relative increase in the polymorphonuclear neutrophiles. This is the important factor—the leucocytosis is a polymorphonuclear leucocytosis.

Bacteriological examination of the blood is sometimes of the greatest value in the recognition of obscure cases of sepsis and endocarditis. A single negative examination is of no value, while the value of a single positive result is not to be overestimated. No dependence can be placed upon the results of examining blood drawn by puncture from the finger or lobe of the ear. The blood must be drawn from one of the small veins (preferably of the arm or forearm), under strict aseptic precautions. At least 5 cubic centimeters of blood must be withdrawn with an aseptic syringe, and before it has had time to clot it should be allowed to flow over the surface of agar or blood-serum slants, which then should be placed in the incubator at a temperature of 37° C. In some cases it is better to mix the blood with fluid agar and immediately to make plate-cultures, or to drop several drops of blood into each one of several bouillon-tubes, and to make agar plate-cultures from those that reveal any cloudiness after being twenty-four hours in the incubator. In cases of doubtful diagnosis such examinations should be made daily.

Taken in connection with the other manifestations of the disease, a peculiar arhythmia or instability of the heart's action may enable one to say that the septic process has implicated the heart.

This instability manifests itself by the sudden developing and almost equally sudden ceasing of extreme rapidity of the heart's action. While one is examining the heart,—beating, for instance, 100 to 120 times per minute,—suddenly it may begin to beat 150 or more times per minute, and almost before the exact rate has been accurately determined, or after an interval of several minutes, the beat will drop to its former rate. These attacks of tachycardia may occur frequently or rarely, and they may or may not cause subjective symptoms. Whether or not they are associated with transitory acute dilatation of the heart has not been determined. This phenomenon has been personally observed in several of the cases of acute malignant endocarditis that have come under observation, and rightly or wrongly some importance is attached to it as a diagnostic sign. A. O. J. Kelly (Univ. of Penna. Med. Bull., Jan., 1902).

The difficulties in the diagnosis of ulcerative endocarditis, and hence the mistakes, depend upon three causes: (1) the disease is a great mimic of other diseases; (2) the primary disease may attract attention away from the endocarditis, which is secondary in its development, but, in reality, is of chief importance; (3) the secondary or complicating lesions may attract attention, and lead to the overlooking of the valvular disease.

The two diseases most closely mimicked by ulcerative endocarditis are malaria and typhoid fever. The recurrent chills with periods of apyrexia and the splenic tumor lead to the suspicion of malaria, particularly if the patient has lately been in a malarial district; but the failure to get prompt response to large doses of quinine, the absence of plasmodia from the blood, and the frequent presence of leucocytosis should cause one to look for some other cause than malaria to explain the rigors and fever.

The resemblance to typhoid fever is often close. The onset may be gradual, the temperature remittent, the mental condition one of hebetude, and the spleen may be palpable. Only the careful study of the temperature; the absence of rose-spots, with which the small ecchymoses of endocarditis are not to be confounded; the absence of a Widal test; the frequently present leucocytosis; the presence in the blood of micro-organisms other than the typhoid bacillus; the cardiac findings, and the embolic phenomena enable one to make a positive diagnosis.

Ulcerative endocarditis often resembles pyæmia or septicæmia, but in reality it is pyæmia or septicæmia, and the only mistake made in these cases is overlooking, perhaps, the primary source of the sepsis and in not recognizing the valvular localization.

A form of endocarditis rather puzzling is a form with a prolonged course and symptoms of a subacute or chronic type. Old valvular lesions are often present. The patient begins to "run down," losing gradually in strength and weight. He is not, until late, confined to the bed, but drags himself about, feeling all the time below par. There is a continued fever, seldom rising to a high point, often in the evening no more than 101° F. This fever is quite irregular in its course. It may be overlooked by the patient himself. It may last for months. Occasionally there are slight chills; sweats may be annoying; and the patient grows pale.

Now the resemblance to tuberculosis may be most striking, and particularly

in view of the fact that a slight degree of cardiac insufficiency may lead to a bronchial congestion and cough. A correct diagnosis in a doubtful case can be reached only by a close physical examination, with perhaps a careful watching of the patient for a week or more. Pus in any of the cavities of the body, like the pleura, gall-bladder, pelvis of the kidney, etc., must be excluded.

The primary disease may overshadow, in the mind of the physician, the condition of the heart. An unresolved pneumonia or a pneumonic empyema or arthritis may seem a sufficient explanation for the fever and chills; and so may a mastoiditis, a cholecystitis due to gall-stones, a gonorrhœa with arthritis, an infected uterus, etc.

The diagnosis consists chiefly in thinking of the possibility of endocarditis in every case of acute infection, and of watching the heart closely, not being too ready to regard every murmur heard under these circumstances as accidental or hæmic.

There may be an overlooking of the endocarditis because attention is directed from the heart by the gravity of some complicating lesion, and the physician does not think to go back and inquire what is the source of the complication, or regards it as due to some other cause. A suppurating joint, particularly if in connection with gonorrhœa or puerperal sepsis, may seem clearly understood without a careful interrogation of the heart. An acute nephritis may be due to septic infarction, and yet the preceding pneumonia, scarlatina, or exposure to cold be regarded as the cause and the valvular affection overlooked. An abscess of the liver may have its cause sought for elsewhere than in the heart; and a paralysis of an arm or leg or of one-half the body may be regarded as cerebral, which it may be, though it may be due to local embolic occlusion of an artery. J. B. Herrick (Northwestern Lancet, March 15, 1902).

Malignant endocarditis is fairly often mistaken for typhoid fever. In many cases it is only by resorting to the most modern methods of refined diagnosis that they can be certainly differentiated. In the early stages of malignant endocarditis enlargement of the heart cannot always be made out and a murmur is often absent or only occasionally present. Irregularity and rapidity of the pulse, especially when associated with changes in frequency without apparent cause, would rather indicate endocarditis. The typhoid rash is distinctive when present, but it may not occur, or may occur very late. Likewise petechial hæmorrhages would certainly point to endocarditis. Enlargement of the spleen may be present in both affections and the temperature-charts of the two may be singularly alike. A continued fever with few symptoms is very apt to strongly suggest typhoid. However, a history of some infection at a recent date may serve to put one on his guard and lead him to consider malignant endocarditis.

The diazo-reaction points rather to typhoid, but has also been reported as occurring in endocarditis. The Widal reaction is of great value when it is present, but it is sometimes not obtainable until very late; nothing can be argued from its absence. A careful examination of the blood will throw much light upon the question. In malignant endocarditis one will usually find a decided increase in the leucocyte-count. It is true that in a few cases the number of leucocytes is but slightly, if at all, increased, but in these cases

one will find a relative increase in the polymorphonuclear leucocytes. On the contrary, in typhoid fever the leucocytes will generally be diminished in number and there will be a relative increase in lymphocytes. Besides, one may expect a much greater reduction in the number of red cells in malignant endocarditis than is generally found in the first weeks of typhoid fever.

The diagnosis of typhoid fever can be absolutely established when the bacillus typhosus can be cultivated directly from the blood, urine, or fæces. Similarly, the diagnosis of malignant endocarditis can often be confirmed by withdrawing blood *from a vein* under the strictest aseptic precautions and inoculating culture-media therefrom. Failure to obtain a positive result is of little value unless the process be frequently repeated. Editorial (Pediatrics, March 1, 1902).

After reviewing the data from cases in literature and from a personal case, the following conclusions regarding obliterative pericarditis with hepatic enlargement and ascites have been drawn:—

1. That pseudocirrhosis of the liver due to pericardial adhesions is a distinct entity.

2. In all cases of this condition at autopsy the pericardial sac has been found obliterated.

3. Autopsies have shown in all recorded cases that the ascites is due to passive congestion of the liver, causing a connective-tissue formation, with subsequent contraction and obstruction of the portal circulation, the result of obliterative pericarditis.

4. In all cases of enlarged liver with ascites without œdema or enlarged spleen, a very careful examination should be made of the heart to determine whether the symptoms are not due to chronic pericarditis.

5. The presence of ascites with enlarged liver and systolic retraction of the precordium, together with absent or later appearance of œdema of ankles, is of great diagnostic value in determining the presence of chronic pericarditis. E. W. Becker (Phila. Med. Jour., March 15, 1902).

Myocarditis secondary to pericarditis has the symptoms of dilatation or of dilated hypertrophy, and sometimes of that curious group of symptoms associated with mediastinitis, hepatitis, and splenitis in which the predominate or unequivocal symptoms are hepatic and splenic, with ascites; myocarditis following valvulitis or peripheral obstructions (lung or kidneys) is associated with symptoms of dilatation; herewith are intertwined, on the one hand, the symptoms of emphysema or nephritis; or, on the other hand, those of valvulitis; the physical signs of the latter condition obtain; it is most difficult often to go beyond the diagnosis of dilatation of the heart; myocarditis of toxic and anæmic origin; the fatty heart is associated with symptoms of grave secondary or pernicious anæmia or of toxæmias, or from tobacco or mineral poisoning or from chronic infections. There is also fibrous myocarditis — coronary artery disease. J. H. Musser (Medical News, Jan. 11, 1902).

The mere diagnosis of mitral regurgitation does not necessarily indicate the administration of digitalis. The indications for the use of digitalis are irregularity of the pulse and heart, the onset of œdema, and the diminution in the amount of urine. If there be much dropsy, however, it may be well to prescribe citrate of caffeine in addition to the digitalis. Citrate of caffeine, 4

grains, with tincture of digitalis, 12 drops, given every four hours, sometimes produces marvelous results in cases of this kind. Sometimes digitalis fails, and this is especially the case when the patient has been treated with it before for similar attacks of heart-failure. Other drugs, such as strophanthus and convallaria, must then be tried. In all cases, also, whatever the cardiac tonic prescribed, one must always remember to see that the bowels are kept well open.

In certain cases *venesection* may be of the utmost value. This is especially indicated if the right side of the heart is overdistended, if the patient is cyanosed, and if the pulse is highly irregular and beginning to fail. Ten ounces of blood then removed will sometimes give the patient a new lease of life. In some cases it may be difficult to bleed; wet-cupping or leeches may then be tried.

If drugs fail, the Nauheim treatment may be recommended. As a result of this treatment it sometimes happens that compensation which has failed, and which it has been impossible to restore by the action of tonics such as digitalis or strophanthus, becomes again re-established.

A patient with mitral regurgitation should live in any locality which is dry, which receives a good deal of sunshine, and which is not exposed to violent winds. P. Horton-Smith (Clinical Jour., Feb. 12, 1902).

In diphtheria sudden death from dilatation of the heart may occur in cases where the mildness of the throat affection has been remarked upon. Therefore, in slight attacks as well as in the severe ones the limits of the heart's dullness should be noted from day to day, and the child's friends should be directed to keep the patient at rest, and restrain him from sitting up in his bed, or making any effort which can be avoided. In all cases of acute disease where the dilatation is rapid a recumbent position should be enforced, and under no pretense should the patient be allowed to lift even his head from the pillow.

The diet should be regulated with care so as to restrict the use of foods which tend to ferment and fill the stomach with wind. Starchy puddings in these cases always cause indigestion and flatulence, and by distending the stomach and pressing upward the diaphragm against the weakened heart may be a source of very serious danger. Baked apples, grapes, oranges, and acid fruits of all kinds are to be avoided, and the patient must be fed with milk, custards, strong soups, yelk of egg, and stale aërated bread or rusks, until such time as he is able to advance to boiled fish, chicken, and other kinds of solid food.

With regard to drugs, the treatment should be continued of the disease in the course of which the complication has arisen. If the case be a rheumatic one, and salicylate of soda is being taken, it is well to combine with it 5 or 10 grains of the ammonio-citrate of iron to counteract the lowering effect of the soda salt. Iron with strychnine should be the great resource, and the perchloride of iron with solution of strychnine given in full doses, well diluted with an aërated water, has seemed to me far superior to other remedies. But to show its full value the strychnine should be pushed as far as the patient can bear it, and in this condition children bear it well. Alcohol must not be forgotten, and the brandy-and-egg mixture of the British Pharmacopœia

must be given liberally as may be thought desirable.

The moderate dilatation which occurs in anæmic children requires no special precautions beyond forbidding for the time violent exertion and the more boisterous games. It quickly subsides when measures are taken to improve digestion and restore the general health. Eustace Smith (Practitioner, Jan., 1902).

Physical rest of the most complete kind is the surest of all cardiac tonics in serious cases of cardiac dilatation and cardiac asthenia.

In the early periods when cardiac dilatation is commencing, physical rest in good air and with suitable food is the most essential remedy. When exercise becomes desirable and necessary, gentle carriage exercise—being driven through the open air—is of real value; also gentle horse-exercise, for those who are accustomed to it.

Baths are of far more value in chronic cases of cardiac dilatation than "resisted exercises." Lukewarm, plain, or saline baths with a cold rub-down afterward act favorably by attracting the blood into peripheral vessels, and by producing a general vigor of the functions.

It is in cases of chronic cardiac asthenia and dilatation following upon acute disease that the best results from the Nauheim treatment have been seen, and also in nervous persons with dilatation from strain and overexertion, mental and physical.

It is only in carefully selected cases of valvular disease that it is rightly applicable, while in many it may prove injurious.

In cardiac dilatation the patient should be withdrawn from the influence of all those conditions which have caused it.

Some cardiac tonic will generally be advisable, and will be indispensable in those forms of cardiac dilatation and feebleness which occasionally follow attacks of acute febrile and septic maladies, and also in anæmic cases. It will rarely, however, in mild cases, be necessary to have recourse to digitalis except when there is much dyspnœa and troublesome palpitation. In such cases small doses of digitalis may be given in combination with iron.

However, in the less serious forms, one may employ strophanthus, or strychnine, or nux vomica, with coca, in combination with iron, quinine, or arsenic as may seem desirable.

In purely anæmic cases iron and nux vomica, together with some aperient to insure a regular action of the bowels, will be most appropriate.

In cases of somewhat acute dilatation, however induced, the hypodermic injection of strychnine in doses of $^1/_{60}$ to $^1/_{30}$ grain will often be attended with remarkably good results.

In extreme cases of cardiac dilatation the ventricular muscle will often be found to be in a state of advanced degeneration, and digitalis and other cardiac tonics will usually fail in producing any restorative or strengthening effect on it. One's chief resource in such a case must be the most absolute repose, with careful attention to the general nutrition. Light, easily digested, or predigested, highly nutritious food must be prescribed, such as pounded meat very lightly cooked, beaten-up eggs, chicken and game panada, a little white fish when agreeable, milk, and a small quantity of good sound wine, or a little weak brandy or whisky and water; but the total amount of fluid taken must be strictly limited so as not to augment the volume of blood. A regular action of

the bowels must be maintained by suitable aperients.

Free action of the bowels is very advantageous in nearly all cases of cardiac dilatation and feebleness. Aperients should, however, be so given as to clear away only the residue of digestion. For this purpose the best method is to give an aloetic pill after dinner or at bedtime and a saline dose early in the morning, about an hour before breakfast. Careful attention must be given to the individual sensitiveness to aperient medicines. I. Burney Yeo (Practitioner, Jan., 1902).

In many bad cases of dilatation of the right heart, with cyanosis and orthopnœa, when nothing but a large venesection appears to hold out a promise, one, two, or three doses each of 10 or 12 grains of digitalis, given at intervals of three or five hours, will contract the heart and restore pulmonary and general circulation: on the other hand, in chronic conditions of weak heart, of either muscular or nervous origin, or of insufficient action caused by pulmonary obstruction,—as in chronic broncho-pneumonia or in tuberculous infiltration,—small doses of digitalis—that is, from 4 to 6 grains daily, or its equivalent—may be given for weeks and months and even years without any hesitation. Such doses may be ordered while the patient is not expected to be seen for weeks or months. In most personal cases prescribed either from four to six doses daily of Squibb's or any other good fluid extract or the solid extract of the pharmacopœia in the shape of pills, 1 1/2 grains daily, usually 1/2 grain three times a day, almost always in pills, rarely by itself, often in combination with sparteine, or strychnine, or arsenic or other drugs, as the case may require.

Patients who take digitalis in this way do not show a cumulative effect, nor are they getting accustomed to it to such an extent as to lose the benefit of its action.

The indications for the use of digitalis are the insufficiency of the heart-muscle and the incompetency of the mitral valve. Chronic myocarditis is no contra-indication. Large doses may overexert the inflamed muscle; that is why digitalis in large doses is very badly borne in acute myocarditis; small doses are often serviceable when the first onset is passed. Aortic insufficiency has been declared a contra-indication to digitalis by some, an indication by others. It is certain that these observers had different cases to deal with. Aortic insufficiency, when incipient or moderate, is easily compensated, gives no uneasiness to the patient, is not complained of, and is seldom observed when recent. This is the time when such doses of digitalis continued a long time prove of permanent service. Only those, however, can be thus benefited whose cases are recognized early, either accidentally or through careful self-observation by the patient. When, however, the case is old and compensation greatly disturbed, with considerable peripheral venous obstruction, even digitalis will not suffice to restore the equilibrium between the action of the heart and the capillary circulation of distant organs. A. Jacobi (Medical News, Jan. 11, 1902).

CUTANEOUS DISEASES, THERAPEUTICS OF.

More harm than good follows the use of arsenic in skin diseases. There are only a few cutaneous disorders in which the drug may be used with a fair prospect of doing good, and even in these

not all the conditions are suitable for its administration.

Arsenic is never to be given when there is an acute inflammation of the skin. In chronic affections characterized by epidermal exfoliation it finds its sphere of usefulness. In psoriasis, squamous eczema, lichen planus, and pemphigus it may be used with a reasonable expectation of benefit resulting, but even in these diseases it is better to try other remedies first, and then, if arsenic is decided upon, it must be used thoroughly, as the action of the drug is slow and it should be given for a long time in order to accomplish a cure.

The alkalies are an exceedingly valuable class of remedies in cutaneous disorders, and are indicated whenever there is a congestion of active character. In acute eczema, in the acute stage of psoriasis, in the various erythemata, and in skin diseases occurring in gouty or rheumatic individuals, this class of remedies will be found of great value.

Antimony gives good results in the dermatoses occurring in the robust individual with the florid complexion, and the hearty eater, whose diet is largely meat.

Mercury finds its greatest value in the syphilides, but it is also very useful in those affections that are characterized by induration of the tissues, such as is found in old cases of eczema. In small doses in the eczemas of children, and especially those that are pustular in character; in an active psoriasis, particularly if occurring in those of full habit and florid complexion; in the cutaneous disorders of the gouty and wherever there is defecative elimination; in the various erythemata, in rosacea, etc., it is of great value.

The salicylates find a sphere of action in cutaneous disorders that are characterized by congestions and in those of a rheumatic or gouty character. In those cases of urticaria that are not dependent upon some disturbance of the digestive apparatus it seems almost a specific. Ichthyol is of value in the various vasomotor disturbances and in cases of acne occurring in the plethoric; also in urticaria and in rosacea.

Calcium sulphide in some cases seems to interfere with pus-formation, while in others it seems to hasten the process in pustular lesions that are slow in resolving, and is useful in many of the acnes, furunculosis, etc. Better results are obtained from small doses often repeated than from the large doses. The drug should be pure and should be given in gelatin-coated pill.

The iodides are useful in assisting the elimination of waste-products, such as are found in old cases of psoriasis, in indurated acne, etc. They are also valuable in cases of furunculosis, when there are many lesions and distributed pretty well over the body, and in the slow-developing lesions of tuberculosis of the skin that used to be known as evidences of scrofula. A. E. Carrier (Medical News, March 22, 1902).

DEAFNESS, OF MIDDLE-EAR ORIGIN.

The basis of a method of treatment personally pursued during the past nine months is the use of a preparation of bone-marrow. In broad outline, the theory is that the bone-marrow produces an internal secretion of vital importance in the economy; that this substance is a powerful prophylactic against the injurious action of various bacteria which in health were present as saprophytes in different tissues; and that defects in this active ingredient are liable to be followed by pathogenic action of these

same micro-organisms. The results of this pathogenic activity vary much in different subjects, in accordance with the all-important factor of individual reaction. As the main sites of these bacteria are the respiratory tract, alimentary canal, skin, etc., it follows that disease will be more or less directly associated with one or other of these channels as the main place of infection. This treatment consists in instilling into the ear $^1/_2$ drachm of equal parts of warm rectified spirit and glycerin, and in applying the same quantity to the skin of and around the ear. This is followed by a similar application of myelocene, 10 drops being the amount used internally.

Of 20 cases treated with bone-marrow or myelocene, 4 were of a mixed type, the tuning-fork conduction being greater by air than by bone. One case was of post-suppurative origin. The results may be summarized as follows:—

Of the 15 cases of apparently pure dry middle-ear disease, 11 showed a record of improvement fairly comparable to those already detailed, due allowance being made for the different degrees of deafness when the patients first came under observation. Two showed a marked improvement in one ear only; but as this improvement took place in the deafer ear, the practical benefit was slight; 2 cases, male patients aged 46 and 60, respectively, were quite uninfluenced by the treatment.

Of the mixed cases 3 showed a practical improvement and 1 did not. The post-suppurative case improved.

In some cases the improvement has been fully maintained, in others deterioration has set in slowly, and has progressed. Observations are at present being made on means of maintaining the improvement in the hearing-power.

Myelocene is derived from bone-marrow. Perfectly fresh bones are obtained from the butcher. In these bones the epiphyses are present, for the custom of that trade is to kill feeding stock when about two years old.

The first task is to select bones in which the marrow will be suitable for the internal treatment of the ear. When examined with the naked eye the marrow is found to vary in appearance and consistence within wide limits. In the majority of instances it presents a faintly yellow appearance, fairly vascular throughout, and of a fair consistence both on inspection and on handling. (There is no differentiation into red and yellow marrow.) In other instances the marrow is very pale, even lard-like in appearance and consistence; while yet again in others it presents a dull, sodden appearance quite unlike healthy marrow. As regards the epiphyses, bones are frequently found that are strikingly different from the normal. Those bones must be selected in which both marrow and epiphyses are normal.

The mode of preparation is as follows: The marrow is extracted with ether, and the ethereal solution is evaporated down at first in the open, and later over the warm bath. The fat is then rubbed up with 1-per-cent. chloretone for preservative purposes. It now appears as a whitish or faintly yellow fat with a strong odor, partly of ether, partly of chloretone. The melting-point of the fat so obtained varies very widely. For example, one yield of fat would never become perfectly clear even when submitted for a long time to a very high temperature, another would only become clear at a melting-point of 120° or 130° F., while yet another lot would rapidly clear at from 70° to 90° F. The same supply of bones has some-

times yielded samples of fat with different melting-points: in the first 130° F.; in the second 110° F., and in the third 90° F. This order, again, has sometimes been reversed. The fat with the low melting-point is the only one that has proved satisfactory in use; the others have been found to be unsuitable, and in some instances prejudicial. Chalmers Watson (Brit. Med. Jour., March 22, 1902).

ELECTROSTATIC MODALITIES, THE EFFECTS OF.

Static modalities relieve pain and hyperæmia as no other procedure can. The measures deemed as essential to the successful management of the hyperæmic and painful affections are:—

1. The best modern static machines, with a capacity equivalent to an output of current and possible electromotive force of a scientifically constructed Holtz machine having at least eight revolving plates thirty inches in diameter, connected with a motor power under efficient speed-control and capable of inducing three hundred revolutions of the Holtz per minute.

2. An insulated platform having glass legs at least eight inches in length, to prevent escape of the electrostatic charge to the floor.

3. The necessary electrodes and other paraphernalia.

4. A sufficient current administration adapted to the case under consideration to induce the desired effect, which will be governed by the pain produced by the application, its gradual sedation until the effect is the same as under normal conditions, and the relief of pain and, possibly, of swelling.

5. The selection of the modality or modalities best adapted to the case to be treated, as follows:—

(*a*) The wave-current is rarely contra-indicated in cases of pain or hyperæmia, and in one or another of its modifications is indicated as part of the treatment in all chronic and most acute cases. It is *par excellence* the modality for tonic or constitutional effects.

(*b*) The brush-discharge is invaluable in the treatment of skin affections; successful in many acute affections, as rheumatism, gout, sprains, orchitic, and all conditions where a rubefacient is indicated; a valuable adjunct or often a substitute for the wave-current in the treatment of muscles which contract painfully, when the current is employed, as the muscles of the forearm and face.

(*c*) The sparks are of special value for reaching deep affections in joints or beneath thick layers of fat, for separating deposits of the products of inflammation, and for this reason are indicated in the treatment of chronic cases of sciatica and brachial neuritis and long-standing joint affections.

(*d*) The spray may be employed as a substitute for the brush-discharge, but is in no particular its equal.

6. The time devoted to the administration must be sufficient to produce a profound sedation and unquestionable diminution of hyperæmia. Such a condition will be determined by the relief of pain, complete when the affected parts are at rest, and complete or greatly relieved when in motion, and by marked diminution of swelling often discernible during the administration.

7. The frequency of treatment must be so adapted to each individual case that there shall be but a moderate relapse between administrations, thereby "bridging" from gain to gain until there is no return whatever of the pathological condition.

If the diagnosis is correct as to cause,

and the cause is not of an exceptional character, as shown, and no unusual complication intervenes, congestive hyperæmia will invariably yield to the scientific administration of the static modalities. W. B. Snow (Journal of Advanced Therap., March, 1902).

ENTEROPTOSIS.

The treatment of enteroptosis should be directed to strengthening the general constitution by proper dietetic, hygienic, and therapeutic means. Iron, strychnine, arsenic, massage, electricity, medicated baths, and surf-baths, all have a proper sphere of usefulness. Very much comfort can be afforded the patient by a correctly applied plaster bandage, as first advocated by Dr. Achilles Rose, of New York, and Dr. H. Warren Lincoln, of Brooklyn, N. Y. This bandage is put on the nude figure of the patient in strips. A special straight-front corset which has a tendency to press the intestines upward, thereby making a cushion for the stomach, colon, and kidneys to rest upon, is also very useful. If the patient is emaciated, a fattening cure should be undertaken. Surgical interference must be avoided. J. C. Hemmeter (Inter. Med. Magazine, March, 1902).

GUAIACOL, BENZOATE OF.

The benzoate of guaiacol is a white, crystalline powder, comparatively tasteless and odorless. It contains guaiacol in the proportion of 54 per cent. When administered it passes through the stomach unchanged, and the separation of its constituents takes place in the bowels; hence it proves to be an important intestinal antiseptic. The eructations so unpleasant as a result of the creosote combinations are reduced to a minimum when the benzoate is used, and there is no irritation of the gastro-intestinal mucous membranes.

The dose is from 3 to 6 grains dispensed dry in capsules, four times a day, with gradual slight increase in dose if deemed advisable. In phthisis, if the case is not too far advanced, four favorable criterions may be noted, namely: (1) subsidence of cough (at least in a degree), (2) diminished expectoration, (3) enhanced appetite, and (4) increase in flesh.

Certain catarrhal conditions of the intestines, chronically inclined, proving very obstinate when the usual line of treatment was pursued, frequently succumb to the use of this remedy.

An irritable bladder, characterized by painful micturition at frequent intervals and urine strongly alkaline, may also be relieved when there is evidence of small quantities of pus in the urine, and the reaction changes from alkaline to acid. S. E. Earp (Cincinnati Lancet-Clinic, Feb. 22, 1902).

INTESTINAL ANASTOMOSIS, AN INSTRUMENT FOR FACILITATING.

Surgeons, after a little experience in anastomoses, rely more confidently upon their fingers and simple forceps and the suture than upon any of the appliances that have been specially contrived for the work.

If one notices a tailor at his work, he will observe that before he takes a single stitch he prepares his work by basting it. The surgeon in his anastomotic work needs to do basting more than in any other part of the body. This is done to some extent by the Murphy button. The Laplace and O'Hara instruments are convenient forms of basting while the surgeon secures the approximate parts with suture. Personal basting forceps will be found very ser-

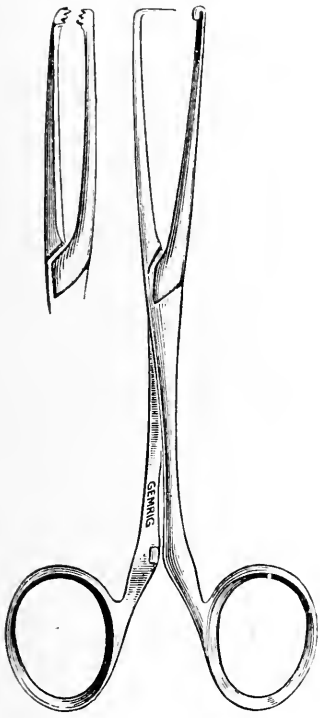

Fig. 1.—The Tenaculum, or Basting Forceps; to the Left are the Rat-tooth Forceps. (By a misunderstanding, the teeth are placed at the end instead of at the side.) *(O. H. Allis.)*

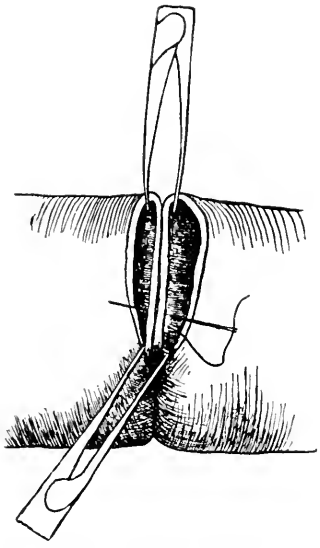

Fig. 3.—Advanced Stage of Suturing, *i.e.:* Fig. 2 Advanced Farther toward Completion, Suturing still the Same as in Fig. 2. *(O. H. Allis.)*

Fig. 2.—The First Attachment of the Tenaculum Forceps, Holding the Separated Gut-ends for Suturing. *(O. H. Allis.)*

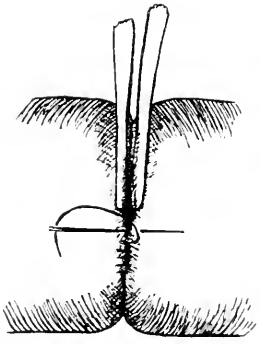

Fig. 4.—Final Steps in Closing the Bowel. (Figs. 2, 3, and 4 form a series.) *(O. H. Allis.)*

viceable in many minor operations. In using these instruments on an ordinary anastomosis, the parts that one wishes to unite are seized and their serous sur-

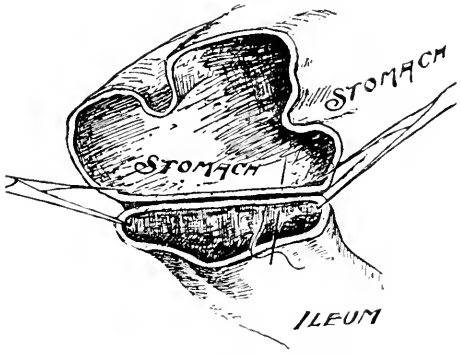

Fig. 5.—The Small Ileum is Represented as Being Sutured to the Stomach,—End to End,—Suturing Through and Through. *(O. H. Allis.)*

(Annals of Surgery, March, 1902.)

faces are brought together, just as one would bring the two ends of his coat-sleeves together by placing them side by side. Having transfixed them as

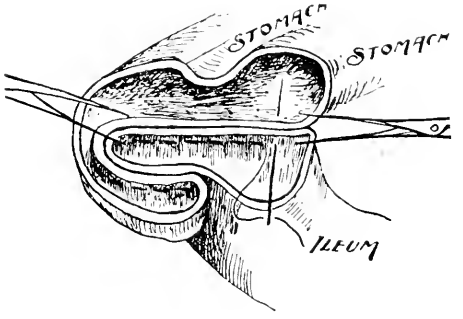

Fig. 6.—Advanced Stage of Fig. 5. The Tenaculum Forceps Hold the Parts for easy Suturing, which is Through and Through. *(O. H. Allis.)*

(Annals of Surgery, March, 1902.)

shown in Fig. 2, the suturing is begun by sewing through and through or over and over. The kind of suture employed is immaterial, provided only that it transfixes both walls. The gut being clasped as in the figure, fully half the circumference of the gut-ends can be closed. Now the forceps are taken off on the left (Fig. 2) and reclasped where the suturing terminated; taking off the forceps on the right, they can be re-attached still farther to the right, more gut-surface being basted for the permanent suturing (Fig. 3). In this way ordinarily fully two-thirds of the circumference of the gut can be sutured from *within the gut*. Indeed, it is pos-

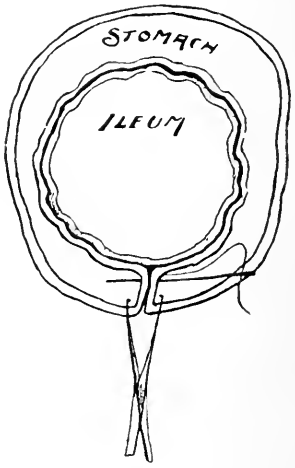

Fig. 7.—The Suturing in Fig. 6 has Finally United the Whole Circumference of the Ileum to the Stomach, and the Needle has Begun to Close the Remaining Part of the Stomach. *(O. H. Allis.)*

(Annals of Surgery, March, 1902.)

sible to entirely unite two divided gut-surfaces by end-to-end suturing with every suture starting from the mucous surface.

The final closing of the gut-ends will be very conveniently done by means of a pair of forceps with teeth on the sides. By means of these the border of the gut can be seized and inverted, after which both forceps can be held in the left hand while the right is suturing (Fig. 5). The amount of suturing from

within the gut—fully two-thirds can be seen—is made to perforate all the coats of the bowel. This secures enough tissue for a safe closure, and insures the passage of the suture into the lumen of the bowel.

Personally a part of the stomach has never been resected and an anastomosis made between it and a part of the small bowel, but the following method is entirely feasible: The two structures to be joined are brought together and basted by the forceps as in Fig. 6. This done, the forceps on the left are carried

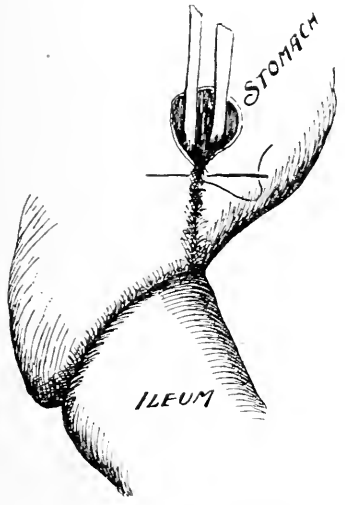

Fig. 8.—The Entire Circumference of the Ileum has been Attached to the Stomach Without a Suture Showing on the Outside, and the Remaining Part is Being Turned in by the Forceps, with Teeth on the Edge for Convenient Suturing (Figs. 5, 6, 7, and 8 form a series.) *(O. H. Allis.)*

(Annals of Surgery, March, 1902.)

over to the point where the suturing ends and reclasped, while the forceps to the right are made to clasp unsutured parts and hold them until sutured.

In the figure, the needle is supposed to enter at the point where the suturing ceased. The part between it and the forceps on the right is still unsutured. Since the cut border of the stomach will in most instances be greater than that of the small intestine, it will be entirely practical to sew the two together as represented in Fig. 8. Having sutured the small bowel to the stomach end to end, the remainder of the stomach approximation can be readily completed by means of the forceps (Fig. 5), which seize the borders and turn them in while the sutures are applied. Oscar H. Allis (Annals of Surgery, March, 1902).

INTESTINAL OBSTRUCTION.

The sign which to personal mind is of the greatest importance in the diagnosis of intestinal obstruction is an empty rectum as suggestive of intestinal obstruction when there has been no movement of the bowels for several days. The value of this sign is much increased if cathartics and enemata have been given previously without satisfactory results. Personal attention was first called to this sign many years ago, when a man, about 40 years old, who had abdominal pain and had had no movement of the bowels for three days was seen. He had taken several doses of cathartic medicine and numerous enemata without avail. No vomiting; no fever; no abdominal tenderness or spasm; no rise of the pulse. Digital examination was made on the ground that the trouble might be due to fæces impacted in the rectum, but no fæces were found, and the finger had a trace of blood on it when withdrawn. Two days later the man was operated upon and a complete obstruction of the bowel was found dependent upon a volvulus.

Since then a rectal examination has invariably been made in cases that suggested obstruction of the bowel, and it is felt that an empty rectum is of great

importance in the diagnosis of this condition. The finding of blood is of great importance in corroborating the suspicion caused by the discovery that the rectum is free from fæces. Henry Jackson (Boston Med. and Surg. Jour., Feb. 27, 1902).

LAPAROTOMY, THE AFTER-TREATMENT OF.

The operation having been completed, the patient should be returned to his bed, being placed directly within the folds of a blanket, and surrounded, if necessary, with hot-water bags or bottles. Care should be taken lest they be overheated, and so blister the still partially unconscious patient. When hot saline solution is allowed to remain in the abdominal cavity, the patient generally leaves the operating-table in good condition, and with a warm, moist skin. If the patient's pulse is weak and rapid, it is wise to raise the foot of the bed somewhat.

During the first twelve or eighteen hours following the operation, it is usually best not to allow the patient anything by mouth, except a little warm water from time to time. If the demand for fluids is urgent, it can usually be successfully combated by two or three large doses of salicylate of bismuth. The patient should, during these early hours of convalescence, be stimulated and nourished, if necessary, by means of saline enemata, unless the operation has involved the breaking up of extensive and firm adhesions in the pelvic cavity. With the passing of these first twelve or eighteen hours, if the patient is not suffering from nausea or vomiting, and the pulse-rate is as much as before the operation, a small quantity of equal parts of milk and lime-water, or peptonized milk may be given from time to time, until 4 ounces have been taken. After this there should be an interval of two hours, when 4 ounces more of peptonized milk may be given. The quantity of milk should gradually be increased, and the interval lengthened, until the patient takes 8 ounces or its equivalent every three hours, but once during the twenty-four hours the interval should be lengthened to six hours. During the interval, if the patient desires more liquid, egg-albumin and water (the whites of 3 eggs to a pint of water, to which a little salt has been added) may be allowed him frequently.

The patient should not be required to maintain any one position for any length of time, but may be moved from time to time, in accordance with his desires, first by the nurse, and later by himself.

During the first forty-eight hours following the operation, if the patient is disturbed by reason of intestinal gas, great relief is often afforded by the introduction through the sphincter ani of a short rectal tube.

If this simple procedure proves inadequate, friction may be applied over and along the colon. If the patient continues to do well and retains nourishment, and the intestinal canal has been well emptied, no cathartic need be administered until the third day, when $^1/_{10}$ grain of calomel and 1 grain of soda should be given every half-hour for five hours. If the bowels do not act within three hours after all the calomel has been taken, a Seidlitz powder should be administered, and repeated after another interval of three hours. After the bowels have moved, if all has gone well, the pulse-rate will be as much as it was prior to the operation, and by the evening of the fourth day the bodily

temperature should be normal, in which case the patient may be rapidly allowed to resume ordinary diet. The dressings should be allowed to remain ten days, when they should be removed and the subcuticular suture, if one is used, withdrawn, the site of the incision being first washed with hydrozone. After the removal of the suture just referred to, a thin coating of a solution of celloidin in ether and alcohol may be applied to the wound, the patient remaining in bed a few days longer, then being allowed to sit up, and soon thereafter to walk about and resume his ordinary occupation. F. H. Wiggin (St. Louis Courier of Med., Feb., 1902).

LAVAGE OF THE CHILD'S INTESTINE.

Some of the effects of lavage in the intestine in the child are a thorough cleansing of the intestinal mucosa, a stimulation and regulation of the peristaltic movements of the intestine, and excitation of the secretion of the glands of the digestive tube, and especially of the liver. Indications for this treatment vary with circumstances. It lowers the temperature of the body and diminishes intestinal fermentation. Lavage is also indicated in intestinal occlusion. The only contra-indication to lavage of the intestine, as in the case of lavage of the stomach, is collapse. M. L. Babonneix (Gaz. des Hôpitaux Civils et Milit., Jan. 28, 1902).

MALARIA, HYPODERMIC INJECTIONS OF QUININE IN.

The treatment of chronic malarial fever by subcutaneous injections of quinine bihydrobromate is of remarkable efficacy. It is not very painful if the bihydrobromate salt is used. The bihydrobromate is perfectly stable, and makes a solution (1 in 6) that is only faintly acid. The method personally followed is to inject subcutaneously 3 grains of quinine bihydrobromate dissolved in 20 minims of pure warm water. It is first injected under the skin of the upper arm, then under that of the thighs, then under the skin of the abdomen, or at the top of the chest or between the scapulæ. Six injections on alternate days are usually required in a serious case, and 3 grains under the skin will prove much less distressing and more curative than 30 by the mouth. A syringe should be kept for the purpose, and should be used for nothing else. The syringe and the patient's skin are disinfected with strong carbolic lotion; also the physician's hands. The needle is sterilized in the flame of a spirit-lamp. The solution of quinine is sterilized when first made, and may be boiled each time before using. The dose of 3 grains may be exceeded on special occasions, or it may be given several times a day, but it will usually be sufficient.

The excretion of quinine through the kidneys begins a few minutes after a dose has been given, and it is this fact that explains the superior results from its subcutaneous use. Slowly absorbed through disordered stomach and intestinal membranes, it is excreted nearly as fast as it is absorbed, and never reaches in the blood the strength sufficient to destroy the malarial plasmodia. Quinine subcutaneously affects the head less also. It is advisable to give the injections two or three hours before the expected paroxysm, though in chronic cases it does not seem to matter much when one injects, provided that it is done often enough. G. B. Ferguson (Brit. Med. Jour., Feb. 22, 1902).

MILK; SHOULD IT BE BOILED?

There is no solid evidence to show that milk raised to its boiling-point (110° C. = 233° F.), or to the temperature of boiling water for ten minutes or a quarter of an hour, suffers any diminution of its nutrient qualities. Neither is it probable that, if consumed within twenty-four hours of the heating, it will cause infantile scurvy. The same is true of pasteurized milk heated to 80° or 85° C. None of these methods renders the milk absolutely sterile, but they all kill most pathogenic microbes (for example, those of tuberculosis, cholera, diphtheria, and typhoid); and, if the milk be kept cool and drunk within twelve hours of the heating, few or no spores will have developed into bacilli. Pasteurization is probably less reliable than heating to 212° F. for ten minutes, and is also more difficult to carry out, as it is easy with simple domestic apparatus such as Aymard's, or other double saucepan, or Soxhlet's or Hawksley's bottle-holding tins to keep the milk in a bath of boiling water for ten minutes.

In times of epidemic summer diarrhœa the heating should be prolonged for at least half an hour, and the milk drunk within a few hours, or subjected to the process, as the spores of the bacillus sporogenes enteritidis are very resistant. Under all circumstances milk, whether raw or "sterilized," should be drunk as fresh as possible, and then the liability to gastro-enteritis and nutritional diseases will be diminished; but infants who live wholly or mainly on milk as at present supplied should never be exposed to the dangers lurking in the raw fluid. W. B. Ransom (Brit. Med. Jour., Feb. 22, 1902).

NEPHROPTOSIS.

Movability of the first degree does not, as a rule, produce marked symptoms; but in some instances it may be well to use a supporter, which is especially indicated for second-degree cases and those of the third degree in which operation is refused or considered inadvisable. Kidney-pads are useless. The only rational support is that which reinforces intra-abdominal tension from below. Dr. Charles D. Aaron, of Detroit, uses a truss-spring to hold down the elastic bandage. Dr. Lincoln, of Brooklyn, advises a crossed adhesive bandage for gastroptosis, which should be equally effective for movable kidney. Personally a five-inch gore cloth is preferred such as is used for the old-fashioned "Congress" gaiters, starting with the middle of the strip at the lumbar spine and crossing the ends nearly at right angles immediately above the pubes. The lower angle is cut off to allow the bandage to be kept as far down as possible, and it is held in place by perineal elastics of webbing or rubber tubing. If patients dislike the perineal support, stocking supporters may be utilized. Patients with large hips and incurved waists need to have the bandage cut in the back and laced. Occasionally it is necessary to gouge out a curve for the iliac bone. Any such appliance must fit snugly and smoothly to do any good. Some patients will not tolerate a bandage, and sometimes the straight-front corset is a fairly satisfactory substitute. Usually relief is prompt. A permanent subjective cure may be accomplished in some cases, apparently from training the abdominal muscles to a proper carriage of the abdominal contents and from allowing the sympathetic and vagus terminal to recuperate their resisting-power. In a

considerable minority of cases of the second degree a permanent cure follows the use of a retention bandage and such means as will allow the patient to gain in weight, for two or three pounds of fat about the kidney are better than sutures. Cases of the third degree are practically never cured, except by operation, and often not permanently then. Permanent relief is usually obtainable by the permanent use of a support. A. L. Benedict (Inter. Med. Magazine, March, 1902).

NERVOUS DISEASES, INFLUENCE OF INJURIES UPON.

The influence of injuries upon nervous diseases may be summed up as follows:—

1. Slight injuries may produce spinal neurosis.

2. The bodily injury is often less important than the fright element.

3. Patients and their friends often mistake sprains of the spinal column for very grave injuries.

4. The majority of cases against great corporations are either feigned or exaggerated.

5. It is the duty of the expert witness to determine: (*a*) the existence of actual disease; (*b*) its character, whether simple neurasthenia, severe hysteria, or an organic lesion.

6. The prognosis as to ultimate recovery is good, except the cases which present the more serious symptoms of organic disease.

7. Traumatic hysteria is very intractable to treatment.

8. Physical changes may be produced in the human organism by mental shock or by overwork or worry, combined with exposure and mental and bodily fatigue.

9. Death may result where no physical lesion can be demonstrated either before death or post-mortem.

10. It has never been demonstrated that locomotor ataxia is caused directly or wholly by injury; but it is very generally admitted that it may be the immediate cause of the onset.

11. Epilepsy, apoplexy, and paralysis agitans may be caused directly and wholly by a traumatism. T. W. Nuzum (Medical Age, Feb. 10, 1902).

OBESITY.

As the cause of the condition either in severe or slight form consists in taking in more fat-making food than the body can burn off, the treatment consists in limiting food, both in quantity and in quality, and in increasing the combustion by accelerating the circulation. Active muscular exercise is the best means of carrying out the latter point, but in severe cases the patient cannot take muscular exercise. In these massage is exceedingly valuable, but is alone not sufficient and must precede rather than supplant active exercise. The amount of food should be lessened in general by insisting that solids and liquids should be taken at different times. Many are apt to wash down food, especially farinaceous food, without much chewing. If this starchy food were made dry, like toast, rusk, and biscuit, the quantity taken without the aid of fluid would be much less. Digestion in the stomach has less tendency to form fat than when the digestive process is carried on in the intestine. This gives a good index of the kind of food most suited to these patients. It is necessary to secure active elimination of the products of combustion. Thyroid extract increases tissue-change and may be used to decrease obesity. But diet and exercise are safer and in the long

run more reliable. T. Lauder Brunton (Medical News, March 22, 1902).

PANCREATIC DISEASE, DIAGNOSIS OF.

While as yet no diagnostic symptom of pancreatic disease is possessed, unless, indeed, further observation should confirm the possibility of the demonstration, in acute pancreatitis, of the fat-splitting ferment in the urine, yet clinical and pathological experience have taught certain combinations of symptoms which justify a diagnosis in various forms of pancreatic disease.

Acute pancreatitis should be recognized in many instances. The importance of an early recognition of those cases which go on to extensive necrosis and to suppurative parapancreatitis is easily appreciable.

Chronic interstitial pancreatitis is to be suspected under the following conditions:—

1. Instances in which glycosuria develops in an individual with chronic cholelithiasis.

2. In cases of glycosuria in association with cirrhosis of the liver.

3. In glycosuria in the course of hæmochromatosis.

4. In glycosuria following attacks suggestive of pancreatic colic.

Pancreatic lithiasis is recognizable only when calculi are found in the stools.

Cysts of the pancreas are usually to be recognized on account of their location.

Primary cancer of the pancreas is often latent. The presence of obstructive jaundice with distended gall-bladder and rapidly developing cachexia, in association with little or no hepatic enlargement, is suggestive of this affection.

Fatty stools,—in the absence of diarrhœa or jaundice,—together with indications of interference with the digestion of albuminoids, are valuable confirmatory evidence of deficiency or absence of the pancreatic secretion. W. S. Thayer (American Medicine, March 1, 1902).

PARTURITION, ABNORMAL.

The management of face presentations before and during dilatation of the os is postural treatment and Schatz's and Baudelocque's two methods.

Postural treatment is only practical when the chin is posterior. It may be divided into three subdivisions:—

1. Place the patient on the side that the chin points to, in a Sims position, and by means of gravity the head is taken away from the superior strait, and in this way flexion may be substituted for the beginning of extension.

2. Have the woman assume the knee-chest position, with the hope that by means of gravity the brow will be removed from the inlet and when the patient assumes the recumbent posture a vertex may occupy the superior strait.

3. The so-called Trendelenburg posture also may accomplish a change in the presentation by means of gravity.

In Schatz's method an assistant presses upon the breech and head, while the operator makes pressure upon the thorax of the child in the opposite direction, by means of which flexion of the fœtal body and head follows. In some very unusual cases, where the child is freely movable, this may be accomplished.

In practicing Baudelocque's methods one should try to use due care not to rupture the membranes until the os is fully dilated.

The first method consists in both external and internal manipulations. The fingers in the os push up on the chin, and the other hand externally presses down upon the occiput.

In the second method one introduces the hand into the uterus, pulls down the occiput, while externally the other hand makes pressure upon the back of the child so as to flex the body; or one introduces the hand into the uterus, pulls down the occiput, while externally the hand makes pressure on the thorax of the child so as to flex the body.

Mento-anterior positions should be treated in the following manner: When the face is at or has just passed the brim, or when well down in the pelvic cavity. The chin being anterior is considered a favorable presentation, and non-interference is generally countenanced and practiced by the majority of obstetricians. One must be governed by all existing conditions determinable as to whether interference is justifiable, and Reynolds says that, with the face at or above the brim, one should watch the case carefully and leave the birth to Nature: (1) when the woman is a multipara; (2) when the former labors were easy; (3) when the soft structures are soft and dilatable; (4) when the pelvis is ample; (5) when the child is of normal size; (6) when the pains are frequent and uterus powerful; (7) when no pathological obstruction exists. If there is no progress, the face remaining in the pelvic cavity, then there are two methods of managing the case:—

1. Apply the forceps and try to deliver.

2. Lift the face above the brim, flex the head, and make an occipito-posterior presentation. If the woman and child be in good condition now, the case may be left to the efforts of Nature, provided the corrected presentation remains as such; but if the patient's strength is waning and the pains diminishing, one should apply the forceps and try to deliver. When rotation begins, one is to remove forceps and reapply them; but if a case is encountered where the head will not rotate, then the head must be lifted above the brim and the child turned and delivered feet foremost.

A chin posterior is a grave condition to encounter. Interference is always justifiable when the chin points posteriorly, either at the brim or in the pelvic cavity.

The face at the brim may be changed into a favorable vertex presentation by manual means. The hand introduced into the dilated cervix, one is to lift up the face and brow, flex and bring down the occiput. This procedure should always be given the first consideration, and, if not successful, one should try turning the chin to an anterior position by means of the hand. Turning the head with forceps is a dangerous method even in skilled hands, but it now has its place and its advocates, and in such a case may be resorted to, using preferably the straight-bladed instruments.

The face being in the pelvic cavity, with the chin posterior, the face should be lifted up to or above the brim and flexion or turning chin to front tried. The question now as to whether to resort to version at this stage depends upon the condition of mother and child; if mother's condition is good and she is not exhausted, and the child is alive, one may make a podalic version; but the fœtal mortality in such a case is very high. If one is not able to lift the face,—in other words, if an impacted

case is met,—four things suggest themselves, namely: forceps, symphysiotomy, craniotomy, and abdominal section. M. A. Tate (Cincinnati Lancet-Clinic, Dec. 7, 1901).

From a study of Cæsarean section in placenta prævia the following conclusions may be drawn:—

1. The results of Cæsarean section at large are worse than is usually stated.

2. In contradistinction, the results obtained by the usual treatment of placenta prævia are by far better than is generally believed.

3. There is every reason to expect that the results of Cæsarean section performed in cases of placenta prævia will be much worse than those of the classical operation.

4. If Cæsarean section as a means of treating placenta prævia is contemplated, Porro's radical operation, with extirpation of the uterus, according to the indications for this operation, may have to be performed in the majority of cases.

5. The treatment of placenta prævia by means of Cæsarean section does not seem to hold out promise of considerably augmenting the number of children saved.

6. A careful study of the published statistics shows that the most promising treatment of placenta prævia is the following:—

In cases of deep-seated placenta, or placenta prævia marginalis, hæmorrhages but seldom occur before labor-pains set in. The head or breech, passing deeper into the pelvis, compresses the free, bleeding edge of the placenta. If the progress of the presenting head or breech is delayed, or when there is a slightly contracted pelvis, it can often be accelerated simply by artificially rupturing the membranes. This sometimes suffices to stop the hæmorrhage. If, however, the bleeding continues, while the head or breech is deep down in the pelvis, then a tight tamponade of the vagina is indicated. The tampon has to be removed after awhile in order not to retard the progress of the child. If the head is deep enough, and the cervical canal fully dilated, forceps can be applied. In case of abnormal position of the child, as oblique or transverse presentation, or if the cord is prolapsed, etc., bipolar version, according to Braxton Hicks, should be performed so soon as two fingers can be passed into the cervical canal: *i.e.*, the foot is simply pulled down in cases of breech presentation. In cases of placenta marginalis, at the time of any considerable bleeding, the cervical canal will usually allow the passage of two fingers. If it does not, it should be dilated by means of a colpeurynter. The turned fœtus is pulled down until the knee of the child can be seen in the vulva. Then the thigh and breech act as a tampon from above. From now on the expulsion of the fœtus is left to the natural powers of the uterus. Forced extraction after the version has been performed should not be undertaken. A very deliberate and careful extraction may be attempted in some cases, but only if there is a chance to save the life of the fœtus. The best way is to fasten a ribbon to the child's foot, to the free end of which a weight of two pounds is attached. If this ribbon is placed over the foot of the bed, a continuous gentle traction guarantees the checking of the hæmorrhage between labor-pains and expedites the expulsion of the child without danger of producing laceration.

In cases of placenta prævia centralis or completa the first hæmorrhages often set in during pregnancy or in the early

stage of labor. Sometimes the bleeding can be checked for a time by keeping the patient confined to her bed and applying douches of ice-cold water. If, after a trial, these procedures fail, artificial delivery (abortion) should be induced immediately. If the cervical canal is still closed, it should be opened by means of Hegar's dilators until the introduction of a colpeurynter is possible. The bag is filled with a 2-percent. solution of lysol and its expulsion by uterine contraction awaited. Light, careful traction at the free end of the colpeurynter is permissible, and this is best done by means of the two-pound weight. Immediately after the bag has passed through the cervix bipolar version is performed, viz.: in cases of breech presentation the foot is pulled down. In order to rupture the membranes an attempt should be made to reach the end of the placenta. A thorough search for it, however, is dangerous. If the membranes can be reached, they are ruptured and the foot pulled through the opening. If they cannot be reached easily, the fingers penetrate the placental tissue, and the foot is brought down through this hole. If at the time when the hæmorrhages begin the cervix allows the introduction of two fingers, a dilatation is not necessary and bipolar version is immediately performed. The further treatment of the case is exactly the same as described above for placenta prævia marginalis. In cases of placenta prævia centralis, even a careful manual extraction should not be attempted, as in these cases the lower segment of the uterus, where the placenta is attached, is exceedingly friable and the danger of rupture imminent. If version has been made, and the cervix has not been injured, the hæmorrhage is always checked immediately. Hugo Ehrenfest (American Medicine, Jan. 11, 1902).

The rational treatment of placenta prævia depends more or less upon the circumstances arising in each case.

Every patient, after the appearance of the first hæmorrhage, and the diagnosis is established, should be put absolutely at rest and kept under most careful supervision, with every provision at hand ready for immediate interference. Before the fœtus is viable or nearly so, unless the patient can be transferred to a hospital or surrounded by proper safeguards in her own house, induction of miscarriage is the only safe method of treatment, and is practically without mortality to the mother if properly performed. After the viable period is reached, in the interest of the child it is advisable to defer delivery as long as possible with safety to the mother, but only when she can be at rest and carefully watched. Any other methods of procedure entail grave danger to both lives.

An important point in deciding upon the methods of treatment is that, if hæmorrhage does begin early, it is rarely possible, even under the most favorable auspices, to prolong the pregnancy for any great length of time.

The only safe way is to terminate pregnancy as soon as the diagnosis is established after the end of the seventh month, as after this time a hæmorrhage may occur without warning, severe enough to cause ultimate death. After delivery is decided upon, if the patient's condition is in any way precarious from previous hæmorrhage, and the bleeding continues, the membranes should be ruptured, and with the woman in Sims's position the vagina should be tightly packed with pieces of dry, baked gauze, which, if well applied, controls hæmor-

rhage by pressure and by the styptic action of the dry gauze. The patient is then kept under careful observation, and brought into better condition by stimulants and saline infusions. The gauze will efficiently control hæmorrhage for from four to six hours, and may safely be left in that length of time unless it soaks through before. The packing is of no value unless firmly applied. Under its use dilatation goes on with labor and practically without hæmorrhage, the cervix being compressed between the packing and the presenting part. If the packing method was faithfully followed in every case as a routine measure, many cases which now bleed during dilatation till their condition becomes serious would be kept in good condition for their subsequent operative delivery. After removal of the gauze, the head, if presenting, not infrequently is found to be engaged, and normal labor or an easy forceps operation results.

The other expedient is bipolar version by the Braxton Hicks method, the os being dilated sufficiently to admit two fingers, which are passed into the uterus, seizing a foot and extracting it until the knee appears outside the vulva. Moderate traction on this leg brings the breech against the placenta, controls hæmorrhage, and hastens dilatation, and extraction becomes safe usually after an hour or so. F. A. Higgins (Boston Med. and Surg. Jour., Jan. 2, 1902).

There are a few simple rules which may be of value regarding the use of forceps:—

1. One should never use the forceps until the woman has been twenty-four hours in labor if a first confinement, or twelve hours if a second or subsequent one, unless there is some urgent indication to do so.

2. One should never use the forceps to save one's own time.

If these two rules were invariably followed, there would be a tremendous falling off in the number of women with lacerated cervices and perineums, and consequent puerperal infections and uterine displacements.

Personally much annoyance has been saved and much danger to the patient by the following method of *avoiding the use of the forceps too soon*: Each primipara is given three 1-grain opium powders, one to be taken every hour as soon as the pains begin, and if the pains begin in the night she is told not to awake her husband until the usual hour in the morning, nor let the doctor know until 9 A.M., as it is most important that her first confinement should take at least twenty-four hours if possible. In the morning she takes an enema and a bath, puts on clean clothes, has her breakfast, and then sends the physician word.

Much of the terrible injury which the forceps inflicts is due to the too early and too violent use of it. When properly used, the forceps not only do not cause lacerations of the perineum, but actually save the perineum by taking the weight of the head off it as the handles are raised, and guiding the head forward and upward instead of leaving it to obey the forceps which are driving it down upon the perineum.

As the forceps must take up some room, it is best to remove them before the longest diameter of the head comes through the vulva. As soon, therefore, as the upper jaw of the child can be reached by the right finger in the rectum, the screw holding the blades together is unloosened with the left hand and first the female and then the male blade is removed, the right finger in the

rectum all the time keeping the head down on the perineum. When the next pain comes, the head is pushed forward under the arch of the pubis, and it is thus born without the perineum being torn.

No force should be employed in applying the forceps. If one cannot get them on without force, it is better not to use the instrument at all.

In applying the forceps the patient should be in the dorsal or lithotomy position, with the hips well over the edge of the bed and the feet on two chairs, or, better still, held by a leg-holder, or, failing that, by two women. The male blade is taken between the thumb and finger of the left hand and allowed to hang vertical, while two fingers of the right hand guide it between the head and cervix, when the handle is allowed to fall a half-circle, and the blade will be above the brain. The hands are again quickly washed and the same thing done with the female blade, only in different hands. When the two handles have fallen or are depressed a good half-circle, the locks will come together and the screw is tightened. The blades are then applied transversely to the mother's pelvis where there is most room, but, as the child's head has to rotate forward in the pelvis, sometimes the forceps may be taken off when the head is gotten in the pelvis and reapplied to the side of the child's head before beginning to raise the handles.

The Baudelocque forceps are personally preferred. In many cases, when the head has been arrested in the pelvis, it has been possible to deliver without applying a single ounce of traction by laying the handles on the open palm of the hand. They have been raised until they touched the woman's abdomen, describing exactly a half-circle, by which time the head had passed the vulva. But it is in cases where there is a narrow pelvis, with the head arrested at the brim, and the uterus is lashed into an ineffectual fury by the pains, threatening every moment to rupture itself, that these forceps are so useful. When they are applied in these cases, one must pull downward until the head enters the pelvis, and after every pull wait a moment to see in what direction the handles point before making the next pull.

The care of the forceps is of importance. Immediately the child has been born, they should be returned to the jug of hot water from which they were taken, and, as soon as the mother and child have been cared for, the forceps should be washed and dried, the drying being finished by sterilizing on the hot stove. Every few years they should be re-silver-plated.

There is great danger of using the forceps when there are no uterine contractions. When the forceps is used in the total absence of contractions, there is absolutely no reason why the uterus should not invert every time.

Many children have been killed and many others maimed for life from injuries to the head caused by using undue force with the forceps. But all these deaths must not be charged to the forceps alone; many of these children would have perished as well as their mothers had delivery not been terminated by their aid. A. Lapthorn Smith (Phila. Med. Jour., Jan. 18, 1902).

The repair of the recently lacerated cervix should become as popularized as that of the perineum, and both should be pushed forward in professional esteem.

The small amount of work done in this direction is surprising. One reason for this condition of affairs lies in the

appearance of the cervix immediately succeeding labor: an œdematous, misshapen, frilled opening with no semblance to a normal cervix presents itself. It will be much changed in twenty-four to forty-eight hours, and both cervix and perineal tears should properly wait for at least this period and with as good results as if repaired immediately. Manual compression of uterus and the use of ergot are to be conjoined. The uterus contracts rapidly. Then the patient should be placed on a table in a good light with the uterus cleared of clots, a mild antiseptic douche being used, as when the placenta is removed after miscarriage or abortion. With the supplementary use of a large, dull, irrigating curette, when necessary, the uterus contracts firmly, the cervix presenting a greatly improved appearance, and the work begins with every problem well in hand. The Sims speculum and the dorsal lithotomy position may be used, though it is better to draw the uterus well down with volsella or tenacula and make the operation practically outside the body. The sutures should be placed as in the Emmett gynæcological operation,—that is, in V-directions,—that the tissue may be drawn upward, and the last suture passing into the presenting edge of laceration prevents the formation of a nick in the restored cervix. Silk-worm, double-shotted sutures are best, and these may be left for any considerable length of time—as from two to four weeks—without harm if a careful aseptic toilet is maintained. The benefits of the operation are prevention of subinvolution, lessening of infection, avoidance of reflex caused by cicatricial tissue at the point of healing and its associated anæmia, and destructive changes in fibrous and muscular tissue of cervix and endometrium by chronic inflammation. A. L. Beahan (Phila. Med. Jour., Jan. 18, 1902).

PESSARY-THERAPY.

Although it is usually taught that one should determine the necessary curve by trying differently-bent pessaries,—a procedure unpleasant for the patient and detrimental to the physician's reputation,—a simple trick will save a great deal of experimenting.

After the uterus is replaced, a flexible and non-elastic sound may be passed along the middle finger, which is inserted into the vagina so that the finger-tip rests in the posterior fornix against the kinked Douglas fold. The sound is now bent according to the middle finger. By carefully withdrawing the lead sound, one gets by its curve a very fair estimate of the necessary bending of the pessary. If at the same time the portion of the sound which was inserted into the vagina is measured, the appropriate length of the pessary can be decided upon.

The pessary should have such a curve as to make its posterior arch fit into the posterior fornix when the uterus is anteverted by bimanual manipulation. As to the width of the pessary, the following points should be observed: The pessary should not be so large that it could not be, if properly lubricated, passed through the vulva without difficulty. At any rate, when it touches the side-walls of the vagina it should always be possible to place a finger between the pessary and the vaginal wall. One condition must be mentioned which makes the use of the pessary absolutely aimless. Once in awhile is found a uterus which, although it can easily be anteverted and anteflexed, allows its body to fall over into the Douglas pouch

after removal of the hands. Those are uteri in which the junction between the uterine body and cervix is so soft and flabby that, though the cervix is drawn away from the symphysis, the angle of anteflexion cannot be maintained.

In a few cases one succeeds in strengthening this junction by massage and other tonic measures, but, as a rule, these cases can only be cured by operative interference. The same holds good in the cases of retroflexed uterine bodies in which the cervical junction becomes so rigid that it is impossible to bend the uterine body into an anteflexion.

In introducing a pessary the following points may be used to advantage: An assistant should fix the replaced uterus with a hand placed on the abdomen. The operator now introduces two fingers into the vagina and pushes back the perineum so that the pessary can be inserted without pressing too hard against the pubic bones; if the posterior arch is next to the cervix, the inside fingers grasp it and carry it behind the cervix while a slight downward pressure on its anterior arch makes the posterior one slip into its place.

A good test in order to find out whether a pessary fits properly is to have the patient crouch down on the floor. If she does not feel any discomfort during this procedure, and if the uterus does not return to the wrong position after she gets up and lies down, one may safely assume that the pessary fits. G. Kolischer (Chicago Med. Recorder, March 15, 1902).

QUINSY.

The treatment of most service is purgation by calomel at the beginning and keeping the bowels open subsequently by salines, or by enema if swallowing is impossible. Frequent cleansing of the nose and throat with a warm alkaline solution, such as Dobell's or Seiler's solution. Hot applications externally, of which the best is probably a large poultice. Hot or cold gargles, or the sucking of bits of ice, as may be most grateful to the patient. Before pus has formed some relief is afforded by puncturing the tonsil repeatedly with a narrow knife. As soon as the presence of pus is suspected from the appearance of a tendency to point, or from the fact that a particularly sensitive point can be found with the probe or finger, or fluctuation can be detected by palpating the affected area between one finger on the swelling in the mouth and another pushed up under the angle of the jaw on the outside, surgical means may be advised with considerable assurance of giving relief. An incision may be made at the most prominent or softest or most tender point, which will usually mean the same point, or preferably the abscess may be reached through the supratonsillar fossa. If the incision is to be made over the location of the pus, a very sharply curved, sharp-pointed bistoury is the best instrument, and it is highly desirable to precede its use with the exploring-needle. The point of puncture thus selected is usually well up on the soft palate and close to the anterior faucial pillar. This point is cocainized with a 20-per-cent. solution of cocaine, and the needle introduced under good illumination. If no pus is found, it should be withdrawn a little and introduced again successively upward, downward, and outward to the depth of three-fourths of an inch directly backward and upward or downward, but not more than half an inch outward for fear of encountering an anomalous blood-vessel. If pus is

found, the needle is withdrawn and the incision enlarged with the bistoury and further dilated with forceps introduced closed after the method of Hilton. The abscess is to be emptied as completely as possible by pressure. Irrigation or packing of the cavity need not be practiced. The incision may close and have to be reopened with a probe every few hours until the discharge of pus has ceased. E. C. Ellett (Memphis Med. Monthly, Feb., 1902).

SCARLET FEVER.

The treatment of scarlet fever is mainly symptomatic, associated with vigorous nursing, which will guard against complications.

The patient should be isolated. The diet should be liquid as long as the fever persists, and the best of all liquids is milk, though light broths are admissible with an abundance of water.

If the fever is high, above 103° F., cool sponging may be resorted to.

Very high temperature, such as 105° F., with meningeal symptoms, may require the bath-tub or cold pack, but the temperature of the former should not be as low as that for typhoid fever. It is safer to put a patient in a bath at 90° F. and gradually reduce the temperature. The warm bath allays the irritation of the skin, but this is as well accomplished by inunction with cold cream or sweet oil.

An ice-cap may be applied to the head if the temperature is high, and especially if there are head-symptoms. While cool applications are allowed during fever, they are positively contraindicated in its absence, as they may aid in the development of complications of nephritis and otitis. Fever is best controlled by these measures, but it is desirable to give medicines which tend to the same purpose, especially if they dispose to diuresis as well. Hence, the official solution of citrate of potassium or of the acetate of ammonium, combined with the spirit of nitrous ether with a little flavoring syrup, is useful. The throat-symptoms require to be treated according to the degree of their severity. Iron and potassium chlorate may be added to the above mixture. Constipation should be guarded against and frequent aperients are indicated. If more active local measures are needed, the throat may be sprayed frequently with peroxide of hydrogen (1 to 3), or with a weak bichloride-of-mercury (1 to 5000 solution) or carbolic-acid (1 to 50 or 60) spray. For local application (spray) cold-water applications and even ice to the exterior of the throat are very comforting to the patient.

Very efficient and soothing is a bandage for the throat, with pockets opposite to the tonsils, into which pieces of ice are placed and the whole covered with a dry towel; or little India-rubber ice-bags may be similarly used.

In adynamic cases stimulants and restorative treatment in general are indicated.

The proper treatment of the throat tends to save the ear, but should the middle ear become involved, the membrane should be watched daily, and, if the tension is extreme, perforation practiced, even more than once, if needed. If the circumstances permit, an aural surgeon should be called in. The prophylaxis against nephritis should be most careful. Hence the patient should be scrupulously guarded against draughts, and six weeks in the room is a precaution which will avert many cases of nephritis. W. W. Robertson (Pediatrics, March 1, 1902).

SEPTICÆMIA.

It is absolutely necessary to remove the local cause of infection when this can be done. In the majority of cases when the patient comes for treatment, the blood itself must be looked upon as the infected portion of the body. There are two things that may be aimed at: to reduce the toxæmia and to destroy the bacteria. In a large number of cases hypodermoclysis or transfusion of normal salt solution will suffice.

Streptococcic serum has been personally used in 7 cases. In 2 the result was astoundingly good, in 1 it was marked, and in 4 no result followed, either for better or worse. In this country, as well as abroad, serum is used made either by Marmorek himself or according to his methods. It has been shown experimentally that Marmorek's serum does not affect at least four varieties of the streptococcus, and it is highly probable that there are many others which resist its action. It is here that one finds the inherent weakness of serum-therapy with the streptococcic serum.

One remedy that is supposed to produce an effect upon the bacteria in the blood is unguentum Credé. It is difficult to decide in an individual case whether or not the unguentum Credé produced the effect, or whether the same results would have been obtained without its use; but it has been personally employed so frequently and so often certain effects have been seen to follow its use that these may be ascribed to the use of the ointment. The effect usually is a fall in temperature, occurring, as a rule, not before twenty-four hours after its use has been begun. The error that is made in using this ointment is in not employing sufficient quantities. In an extensive use of this ointment no evil effects have ever been seen. F. Forchheimer (Cleveland Med. Jour., Jan., 1902).

SYNOVITIS OF THE KNEE.

The remedial measures are mainly mechanical. Rest, complete or partial, counts for more than do all other means combined, but it is often discontinued too soon. In these cases of simple traumatic synovitis of the knee, unless the symptoms are unusually severe, little is to be gained by *absolute* rest. When the patient can earn his living with the joint immobilized he should be allowed to walk about while wearing the customary splint. A plaster splint incasing the leg and thigh from ankle to perineum is all that is required in the way of apparatus. Rest in bed or extension is not needed. The rest employed as treatment need apply only to flexion and rotation.

If properly applied, the plaster splint may be worn for three or four weeks; it is then removed and the joint examined, and, if necessary, the old cast may be reapplied or a new one substituted. These cases of traumatic synovitis of the knee must be immobilized so long as there is any excess of fluid in the joint or a continuing point of distinct tenderness about the ligaments.

The reason for putting up the leg in a position of full extension is that, besides removing strain from the structures about the front of the joint, it allows the bodily weight to be supported upon a column as nearly upright as possible, and prevents jamming of the patella against the confining splint. It is unwise to leave a fenestrum in the splint to allow occasional examination, because the pressure is then unequally distributed over the joint.

If the patient be seen within the first twenty-four hours, massage may be em-

ployed gently over the joint itself, but more vigorously to the thigh above to promote and clear the way for absorption of the effusion. During the stage of active inflammation there must be rest; later, when the active symptoms are subsiding or when of more than six weeks' duration, with effusion still present in a flabby capsule, massage without motion of the joint hastens absorption. It is at this stage that tight strapping and counter-irritation are of real service, but they must be continued for some time: a week at least. Rest in bed, wet dressings, cold applications, etc., during the first few hours after injury are demanded if the pain, redness, and swelling be severe; but such cases are usually accompanied by more serious lesions than the sprains or contusions resulting in simple synovitis. Aspiration is required only in rare cases of excessive distension and tenderness, and should be done aseptically and be followed by firm strapping and bandaging. W. S. Thomas (Medical News, March 22, 1902).

SYPHILIS, HEREDITARY.

While it is the rule that a baby with hereditary syphilis does not infect its own mother, there are exceptions to this rule. However, their occurrence is so rare as to "prove the rule." The baby should not be taken from its mother's breast, but the mother should be warned and should be kept under observation. A syphilitic element often underlies cases of malnutrition which manifest themselves in many children, even of well-to-do parents, by feeble vitality and poor development of muscle and bone. All the usual hygienic and climatic measures will often fail to improve these children, though they will thrive when given antisyphilitic treatment. It is often necessary to repeat this medication at intervals up to puberty. So-called cases of retarded syphilis are really examples of an improperly treated syphilis of childhood reappearing years afterward, perhaps not until the age of twenty or thirty. Such late developments can be prevented by a sufficiently long course of specific treatment in early life and occasional inspection for several years afterward. A. Jacobi (Pediatrics, March 15, 1902).

TEETH, CARE OF.

Prophylactic or preventive treatment cannot be commenced too soon. From the time of conception the prospective mother should take such food as will tend to nourish all the tissues of the child. For the nourishment of the teeth food rich in lime-salts is to be recommended, and among these may be mentioned whole-wheat bread, cracked wheat, oatmeal, etc. The old idea that lime administered in the form of lime-water will be assimilated is a fallacy.

After the birth of the child every effort should be made to nourish it at the breast. If it is not possible to feed the child upon human milk, the best substitute is cows' milk. As soon as the child begins the use of solid foods those referred to as rich in lime-salts should be selected. These, briefly stated, are the important rules of diet to aid the development of the tooth-tissue.

The mouths of infants should be cleansed by the nurse by carefully introducing the index finger, around which a piece of clean linen has been wrapped and immersed in a solution made by dissolving $^1/_2$ teaspoonful of boric acid in $^1/_2$ pint of boiled water. The cloth should be dispensed with as early as possible, and a proper brush substi-

tuted and used in a manner to be explained later, since the cloth forces particles of food between the teeth. As soon as the child is able to handle the brush it should be instructed in its use and carefully watched to see that the habit is acquired.

A tooth-brush should be made up of irregular tufts of bristles, slightly curved to conform to the contour of the dental arch, and converging to a point, and the brush itself be small enough to reach every part of the mouth. In brushing, the side of the brush should be laid against the teeth, the bristles pointing toward the apices of the roots, then the brush is turned toward the cutting surfaces of the teeth. One should be careful to brush the inside as well as the outside of the teeth. The mouth should never be closed and the attempt made to save time by brushing the upper and lower together. It is a good idea to make it a point to devote three minutes (by the clock) to the operation, and see that the back of the wisdom-tooth receives a proper cleansing.

The adoption of this method of cleansing in cases where, from improper brushing, the gums have receded, will be found to stop the trouble, although the tissues once lost cannot be replaced. Brushing transversely has a tendency to wear away the enamel and help to form erosion.

Brushing the teeth with water alone is not sufficient. A tooth-powder should be used every time the teeth are brushed. Any powder containing the smallest trace of grit should be discarded.

A good antiseptic, antacid mouth-wash is also a very good adjunct to the dental toilet.

In some mouths it is wise to pass waxed dental floss silk between the teeth before brushing them.

The services of a dentist should be sought regularly every six months for the purpose of examination.

The cavities in children's teeth should be filled as soon as they appear: to prevent pain, to secure retention of the temporary teeth until the proper time for their exfoliation, and bring about a proper development of jaw-bone, so that when the permanent teeth appear they will have sufficient room to erupt in their proper positions. S. L. Goldsmith (Pediatrics, Feb. 1, 1902).

THROMBOSIS, INTRACRANIAL, AND OPTIC NEURITIS.

The thrombosis which occurs in chlorosis is, in all probability, an aseptic process. One of the factors in its causation is doubtless a sluggish state of the circulation, due to cardiac weakness. The immediate risks are (1) that the thrombosis will grow over a larger area, and (2) that a portion will become detached and lead to embolism. To prevent the latter result, complete rest is imperative. But it is necessary to take steps to prevent the policy of rest reducing the vigor of the circulation to such an extent as to favor the extension of the thrombus. Hence it would seem wise, in cases of chlorosis accompanied by optic neuritis, to supplement the administration of iron by cardiac tonics, as digitalis, and by diffusible stimulants, more particularly ammonia. When a passive thrombus has been fully formed, its tendency is not to detachment, but to organization, and thus, as soon as the above measures have afforded a reasonable guarantee that further extension of the thrombus is improbable, complete rest should no longer be enforced. The indication now is to increase the vigor of those vital processes on which organization and practical removal of the thrombus depends. Among these is a reason-

able amount of exercise, which, the fear of embolism having been reduced to a minimum, may now be safely and beneficially ordered and pursued. C. O. Hawthorne (Brit. Med. Jour., Feb. 8, 1902).

TUBERCULOSIS, ICHTHYOL IN.

In the number who are not able to take advantage of climate for more than a few months, it is observed that the ichthyol, continued under the most favorable conditions in the home environment, results in a prolonged extension of the improvement.

The plan most generally acceptable in giving ichthyol is to begin with a No. 1 empty capsule (filled by the patient) after each meal for the first week, adding another to each dose during the second, and a third to each dose the third week. This dosage is maintained indefinitely, and presents the advantage of attaining the maximum degree of tolerance in the shortest time.

If discomfort arises from the eructations, the interval between each dose is apportioned to afford ample time for complete appropriation before another is introduced. This is provided for by giving the capsules after breakfast and at bed-hour. Each individual temperament throughout the treatment suggests or determines the most appropriate and effective arrangement of the dosage, and the ability to prolong the treatment indefinitely is dependent upon the delicacy of this adjustment.

During the first week of the treatment little or no appreciable effect is noticeable in the chest-symptoms; after that time, however, a gradual impression becomes manifest. The cough-paroxysms lessen in intensity and frequency, the expectoration becomes more profuse, and the sputum loses a measure of its density. Proportionately to the amelioration of local symptoms the appetite improves, and there is usually a marked weekly gain in weight.

Notwithstanding its exceptional service in the chronic forms of the disease, experience proves it of little value in the acute complications. If, at any time, the progress of the improvement is interrupted by the intervention of a pleuritic or pneumonic attack, the ichthyol is suspended until the acute symptoms subside, when it is again resumed.

The patient should be urged to live in the best available atmosphere; to sleep alone in clean, well-ventilated, carpetless rooms; to practice judiciously upper-waist calisthenics regularly every morning, with moderate deep-breathing exercise when in the fresh air. C. F. Spangler (Merck's Archives, Feb., 1902).

TYPHOID FEVER.

In the treatment of typhoid fever hydrotherapy has attained its greatest reputation. Professor Vogl, Medical Director of the Bavarian Army, gives a record of 8325 cases of typhoid fever treated during forty-seven years in the hospital at Munich, showing a reduction in mortality from 20 per cent. under the expectant plan of treatment to 2.7 per cent. by the cold-bath treatment. He shows that intestinal hæmorrhage, perforation, peritonitis, pneumonia, and other complications have been greatly reduced. Brand published a record of 5573 cases, with a mortality of 3.9 per cent. Jurgensen published the records of the hospital at Kiel. From the years 1850 to 1861 330 cases were treated under the expectant plan, with a mortality of 27.3 per cent. From 1863 to 1866 160 cases were treated by the Brand method, with a mortality of 3.1 per cent. All these men insist that the Brand treatment, to be successful,

must be rigorously carried out. They do not claim that it is a universal panacea. The duration of the disease is shortened only in so far as complications are avoided. But the patient is left stronger than after the expectant plan of treatment, and convalescence is more rapid. As an antipyretic it is safer than drugs.

The Brand method, as carried out in most of the large general hospitals, is as follows:—

Every three hours, if the temperature be 102.5° F. or over, the patient is placed in a bath, which has been wheeled to the bedside. The temperature of the water is about 70° F. The head is supported and cold water is poured over it, while general friction is applied to the body. The patient remains in the bath from fifteen to twenty minutes and is then removed, wrapped in a dry sheet, covered with a blanket, and put in bed. He is then given a stimulant. Neither bronchitis nor pneumonia is considered to be counter-indications. J. A. Shields (Brooklyn Med. Jour., March, 1902).

The ice-pack is the most useful mode of treatment that can be employed in typhoid fever. The technique of the pack is as follows:—

The patient has had his temperature taken every four hours, and, if at these times it has been found to be above 102.2° F., he is made ready for the pack. A thorough urinary analysis and report must at this time be in the hands of the attending physician, as by it he will determine an important move. If the urine has been shown to be negative, the patient can be given 2 ounces of spiritus frumenti before and after pack. If, however, any trace of renal disorder has been found by the tests employed, this should be discarded, and plain hot milk used instead, 4 ounces being given before, 4 ounces at each change of sheets, and 4 ounces at the conclusion of the pack.

The mattress is covered with a couple of blankets, on top of which is placed a piece of rubber sheeting covered by another blanket, thus doing away with the contact of the body and the rubber.

A sheet and a blanket that have been soaked in water at 70° F. are brought to the side of the bed, and as the patient is rolled out of his warm sheets he is rolled into the wet sheet. One-half hour later another sheet and blanket soaked in water at 60° F. are substituted for the first ones, again doing this without any exposure at all. At the expiration of another half-hour the first sheets and blanket are put in water at 50° F. and applied to the patient. At this time the axillary spaces, the arms and the legs from the axillary spaces, the arms and the legs from the middle of the femur down, are covered with cracked ice, packed outside the sheets. This is repeated for the last time with water at 40° F. and the ice, the entire pack consuming two hours. The temperature is taken one-half hour later, and there is always found a drop varying from two to five degrees.

During these two hours the patient has been receiving treatment which is beneficial to the entire system. It has acted as a sedative, as sleep generally follows it, and as a general stimulant, the pulse always being improved.

One thus does away with the sudden shock and rough handling of the tub-bath or sponge-bath.

There is no cyanosis of the patient, as is frequently seen in the tub-bath, and there has never yet been a case in which, owing to the distress of the patient, the pack was ordered curtailed.

Furthermore, one has hæmorrhage and perforation to consider. In the largest number of cases the fatal hæmorrhage and perforation have occurred within a short while after the application of the tub-bath or sponge-bath.

Hæmorrhage and perforation will never be seen as a result of the pack.

When patients have once had a tub-bath, they frequently work themselves into a perfect frenzy of fear, and resist, as much as is possible for them, another application of the tub. In the pack this also is avoided.

In children, as in adults, the pack is given in the same manner.

Following the pack, one will find that the temperature not only goes down lower than when other methods are employed, but that it continues to fall after the pack, and remains down for a length of time varying from four to six and eight hours. This feature alone is of paramount importance in this form of treatment.

In the pack the use of drugs for the stimulation can in most cases be dispensed with until the heart shows absolutely that such is necessary, as the pulse after a pack, and for a long time following, is stronger, fuller, and generally better than before. Lester L. Roos (Phila. Med. Jour., March 1, 1902).

VERTIGO, TYMPANIC.

Vertigo can be divided into four varieties, viz.: (1) vertigo incident to diseases of the heart, (2) vertigo complicating diseases of the stomach and intestinal tract, (3) vertigo associated with diseases of the eye, and (4) vertigo dependent upon diseases of the ear. Vertigo associated with ear diseases is almost always associated with tinnitus. When there is moderate deafness, vertigo is not usually complained of. Vertigo due to aural disorder is either subjective or objective, and the vertigo varies from slight giddiness to an inability to stand up or walk. The vertigo is usually referred to the side on which the lesion exists. The first effort should be to strike at the root of the disorder by restoring the lumen of the Eustachian tube. The most rapid and effective measure of accomplishing this is by electrolysis. The smallest bougie with a tip 1 millimeter in diameter is preferred for the first treatment, and a current of from 25 to 40 volts, and from 2 to 5 milliampères, should be used. Electrolysis, and not cauterization, is desired. The negative pole should be attached to the bougie, and the positive electrode held in the hand. Before passing the bougie the mouth of the Eustachian tube should be thoroughly anæsthetized with cocaine. To be effective the tip of the bougie should pass within the tympanic cavity, and inflation should not be done for forty-eight hours. W. P. Brandegee (Laryngoscope, Feb., 1902).

Books and Monographs Received.

The editor begs to acknowledge, with thanks, the receipt of the following books and monographs:—

Genito-urinary Diseases and Syphilis. For Students and Practitioners. By Henry H. Morton, M.D., Clinical Professor of Genito-urinary Diseases in the Long Island College Hospital; Genito-urinary Surgeon to the Long Island College and Kings County Hospitals and the Polhemus Memorial Clinic, etc. Illustrated with Half-tones and Full-Page Color-

plates. Pages xii-372. Size, 9½ x 7 inches. Price, Extra Cloth, $3.00, net, Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

Transactions of the Luzerne County Medical Society for the Year ending December 31, 1901. Volume IX.——Arsberättelse fran Sabbatsbergs Sjukhus, I Stockholm för 1899-1900. Afgifven af Dr. F. W. Warfvinge.——Seventeenth Annual Report of the Bureau of Animal Industry for the year 1900. United States Department of Agriculture, Washington, D. C. 1901.——The Technics of Nephropexy, as an Operation *per se* and as Modified by Combination with Lumbar Appendicectomy and Lumbar Exploration of the Bile-passages. By G. M. Edebohls, New York. 1902.——Migrated Ovarian and Parovarian Tumors. By G. M. Edebohls, New York. 1900.——On Bandages for Nephroptosis. By G. M. Edebohls, New York. 1901.——Is the Kraske Operation Justifiable in Women? By G. M. Edebohls, New York. 1901.——Panhysterocolpectomy: A New Prolapsus Operation. By G. M. Edebohls, New York. 1901.——The Cure of Chronic Bright's Disease by Operation. By G. M. Edebohls, New York. 1901.——The Influence of Mouth-breathing upon the Dental Arch. By M. D. Lederman, New York. 1901.——Extensive Thrombosis of the Lateral Sinus and Internal Jugular Vein following Acute Suppurative Otitis Media. Ligation of the Internal Jugular Vein in its Lower Portion. Secondary Periphlebitis. Recovery. By M. D. Lederman, New York. 1900.—Schwartze-Stacke Operation for Chronic Suppurative Otitis Media. Reformation of the Tympanic Membrane; Secondary Myringectomy; Improved Hearing. By M. D. Lederman, New York. 1902.——Medical Education. An Address by John B. Deaver, Philadelphia. 1902.——Appendicitis. By J. B. Deaver, Philadelphia. 1901.——Misapplied Mechanical Support to Weak Ankles of Children. By H. Augustus Wilson, Philadelphia. 1902.——The Influence of Electric Ozonation upon Disease. By G. Lenox Curtis, New York. 1902.——Venesection and Injection of Normal Saline Solution in Traumatic Tetanus. By E. J. McOscar, Fort Wayne, Ind. 1901.——On the Feasibility and Management of a Hygienic Cure of Pulmonary Tuberculosis Outside of Closed Sanatoria. By C. L. Minor, Asheville, N. C. 1902.——Hay Fever and Asthma, a Permanent Cure by Means of Nasal Surgery. By Floyd S. Muckey, Minneapolis. 1902.——Treatment of Lateral Curvature of the Spine. By De Forest Willard, Philadelphia. 1901.——Removal of Foreign Bodies from the Air-passages. By De Forest Willard, Philadelphia. 1901.——Aneurism of the Thoracic Aorta of Traumatic Origin; Treatment by Introduction of Wire and Electricity. By De Forest Willard, Philadelphia. 1901.——The Pathology and Bacteriology of Uretero-Intestinal Anastomosis. By F. Robert Zeit, Chicago. 1901.——Effect of Direct, Alternating Tesla Currents and X-rays on Bacteria. By F. Robert Zeit, Chicago. 1901.——Chronic Heart Disease in Children Relieved by Systematic Movements. By J. M. Taylor, Philadelphia. 1901.——Deformities in Children, from the Standpoint of the General Practitioner. By J. M. Taylor, Philadelphia. 1902.——A Consideration of Small-pox. By Nelson Dewey Brayton, Indianapolis, Ind. 1902.——Some Respiratory Conditions Dependent upon Gout and Obesity. By J. M. Anders, Philadelphia. 1901.——The Association of Pulmonary Tuberculosis with both Primary and Secondary Endocarditis, and the Effect of Valvular Disease upon Lung Tuberculosis. By J. M. Anders, Philadelphia. 1902.——Latent Diffuse Gangrene of the Lung, with Rupture and Fœtid Pleurisy. By J. M. Anders and Joseph McFarland, Philadelphia. 1902.——Sulphur Dioxide as a Germicidal Agent. By H. D. Geddings, United States Marine-Hospital Service, Washington, D. C. 1902.——Principles of Nutrition and Nutritive Value of Food. By W. O. Atwater, United States Department of Agriculture, Washington, D. C.——Market Classes of Horses. By G. M. Rommel, United States Department of Agriculture, Washington, D. C. 1902.——Winter Forage Crops for the South. By Carleton R. Ball, United States Department of Agriculture, Washington, D. C. 1902.——Earth-roads. By Maurice O. Eldridge, United States Department of Agriculture, Washington, D. C. 1902.——Description and Treatment of Scabies in Cattle. By R. W. Hickman, United States Department of Agriculture, Washington, D. C. 1902.

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[End of the Editorial Department of the Monthly Cyclopædia for April, 1902.]

NOTES AND COMMENTS.

F. A. DAVIS COMPANY, Publishers. A. G. CRANDALL, Mgr. Advertising Dept.

"THE OVERWORKED PRESIDENT."

The April issue of McClure's Magazine contains a very interesting article with the above heading, which describes the daily routine of the chief executive. The inevitable conclusion to be drawn from this probably none too highly-colored description of the daily grind of the president is that the whole system is entirely inharmonious with common sense.

There are enough problems of adult size which require consideration by even a robust president to occupy his entire energies exclusive even from the social duties and diversions which his position requires.

The city of Washington is becoming one of the magnets which attracts the people of leisure and means from all over the country. The means of travel to the capital are luxurious to a degree, and there is everything to draw crowds. It does not, however, seem necessary that public business should be conducted at a disadvantage in order to furnish a sort of amusement annex for the public at the White House.

THE COW-PEA.

"The Cow-pea" is the title of the latest publication issued by the Experiment Farm of the North Carolina State Horticultural Society at Southern Pines, N. C. This book, neatly bound and illustrated in plain and concise manner, discusses the value and uses of this important crop, the cow-pea. Every reader can get a copy free by writing to the Superintendent of Experiment Farm, Southern Pines, N. C.

A GREAT OPPORTUNITY TO MAKE MONEY.

The recent years of good times and plenty have placed large numbers of people in a position where they can afford to take better care of themselves than formerly. The overworked American businessman no longer waits until he is a total wreck, but is warned in season, and, instead of going to Carlsbad after the style of the multimillionaire with a bad liver, the more numerous types seek a convenient near-by sanitarium, and get themselves put in prime business shape again in a few weeks.

Large fortunes are being made in the sanitarium business. Of course, there are various grades of business talent represented in this vocation as in other things, but the physician with some money and a fairly level head can almost always make money running a good sanitarium, provided that the location is suitable.

The Elmhurst Sanitarium is located among the Pocono Mountains of Pennsylvania, six miles from Scranton. There is everything to make this location a fortunate one. The sanitarium building contains sixty rooms, handsomely furnished and fully equipped with satisfactory lighting, heating, and electrical apparatus. The surrounding region abounds with mountain-lakes and trout-streams, while the pure mountain-air makes this locality especially attractive.

The actual cost of the building, grounds, furniture, and water-plant amounted to $65,500. Owing to peculiar circumstances, which do not reflect in any possible way upon the judiciousness of this investment, it has become necessary to offer this sanitarium plant for sale. Although there has

been no impairment in value of the premises worthy of consideration, owing to the circumstances above referred to, this valuable plant can be secured at a tremendous discount from the original cost, notwithstanding the general advance in all similar kinds of property.

A certain amount of capital and financial backing, combined with modern business methods and proper medical training, will enable any enterprising physician to make a fortune in this location in a very few years. The delightfulness of the location is such as to attract the most desirable class of sanitarium visitors, and there is, in fact, nothing to render such a business venture in any way uninviting.

Full particulars regarding this unusual financial opportunity can be secured by addressing H. J. Gaylord, Binghamton, N. Y.

THE KEEPING OF PHYSICIANS' ACCOUNTS.

The necessity for something that would reduce the cares and hardships of the physicians' clerical life has long been apparent, and it was with a view of filling this want that the "Veit system" of keeping physicians' accounts was placed upon the market. Its introduction places the most modern of office necessities within reach of every physician. The system is composed of cards adapted especially to physicians' accounting. The accounts are not only kept in the most practical manner, with the best possible results, but, also, a record of each day's business is kept in a clear, concise, and systematic manner. We advise all of our readers who are desirous of reducing their clerical labors to a minimum to write for sample-cards and particulars to Henry Veit, Room 2, 114 Himrod Street, Brooklyn, N. Y. See advertisement elsewhere in this issue.

THE DRESS-SUIT CASE.

Some years ago, when a horrible murder had been committed in New York, and the alleged perpetrator was escorted to the Tombs, the New York Sun commented upon the fact that he was accompanied by a "dress-suit case."

It would be interesting to learn the exact statistics as to the proportional number of dress-suits owned by men who carry dress-suit cases. Occasional furtive glances into the contents of dress-suit cases hastily opened by the owners thereof in railroad stations and other public places lead to the conclusion that the typical contents of a dress-suit case consist of a pink shirt and a pair of rubbers. This naturally refers to the masculine dress-suit case. The contents of this receptacle in feminine hands are, of course, entirely wrapped in mystery; but, from the frequent bulging at the sides, it is fair to presume that

the feminine dress-suit case pays excellent returns on the investment.

It is in the street-car that the "dress-suit case" is most appreciated. It is fair to presume that, in an average car-load of thirty passengers with two dress-suit cases in their possession, one-third of the passengers will be standing. A fairly robust woman comfortably seated with a dress-suit case can easily occupy space intended for four passengers.

In fact, the dress-suit case is a social institution rather than an article of convenience, and the individual who has crossed the Atlantic a couple of times (presumably not in the steerage), and is able to disport himself with a dress-suit case well plastered over with labels, has an established social position ever afterward.

EXPOSITION GROUNDS, CHARLESTON, S. C.

Probably 50 per cent. of the persons who habitually visit expositions fail to see the shows at their best, simply because an inopportune time is chosen to make the proper inspection. The early days of an exposition usually call out thousands of people, who, after going through the various buildings, pushed and crowded by a nervous, impetuous throng behind, return to their homes with no distinct idea of the scope or grandeur of the mass of exhibits that has cost the management so much time and labor to collect. Great expositions are great educators. It matters not in what section of the country they may be held, they invariably leave lasting impressions for good upon the community. The individual who rushes to the show at a wrong time, and returns, when he should be moving in the opposite direction, is the one that fails to derive any substantial benefit from the mighty effort put forth to make the display a success. During the opening days everything is out of adjustment, and the man or woman who really desires to profit by what he sees should not count upon making intelligent observations until the various departments have been thoroughly organized and running smoothly for at least two months. Then, too, climatic conditions have much to do with making favorable impressions. A genial clime is especially suitable for the successful operations of large enterprises, as it enables the sight-seers to take a leisurely view of every object of interest without being constantly inconvenienced by the cold.

Having been running smoothly since the first of the year, and in a zone noted for its mildness of temperature, the South Carolina Interstate and West Indian Exposition is, without doubt, the most interesting and instructive spot at this par-

ticular time in the United States. The exposition opened its doors on the 1st of December, 1901, but it was not until a month or six weeks later that the "Ivory City," as it is called, assumed harmonious form and took its place side by side with the great fairs of Philadelphia, Chicago, and Buffalo as an able expounder of broader commercialism and a strong bidder for more intimate business relations with the West Indian Islands. Indeed, it may be said that the reaching farther South for the valuable trade of this cluster of islands was one of the incentives for building the "Ivory City" and showing the rest of the world the wonderful resources of the South.

Of the eleven principal buildings, the "Cotton Palace," which covers fifty thousand square feet, is the gem. This structure rises to a height of one hundred and sixty feet and shows a façade of over three hundred and sixty feet, broken by various pediments, projections, domes, red-tiled roofs, and turrets, in a typical Southern style of architecture, blended with the richness of detail and elaboration of the Spanish Renaissance. The scheme, in one sense, is Spanish-American, with huge masses of simple, yet strong, contour and outlines, having enrichments of terraces and sculpture at many entrances and initial points. The exhibits in this building comprise the choicest collection of cotton goods ever gathered under one roof in this country. Thousands of bales of

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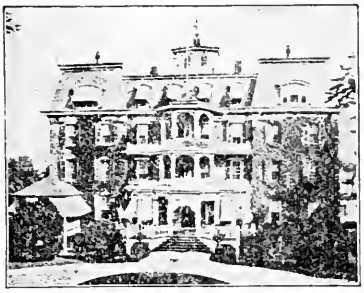

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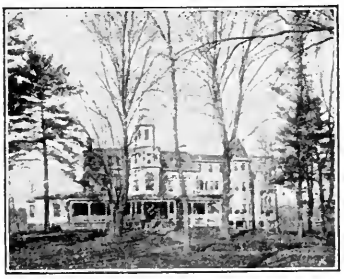

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yarns and cloth of every conceivable description, weave, and quality are appropriately displayed, producing a living evidence of the progress of the progressive cotton-mills situated in the South. In the midst of these manufactured textiles hundreds of machines contrived solely for the weaving of cotton fabrics are in operation, showing how cotton from the field passes through manifold stages until it attains a finish so closely resembling silk that a silk-worm is made to blush at the marvelous work of intricate spindles of inaminate wood and steel. And, then, one sees the once-troublesome cotton-seed; how it has been made by the ingenuity of man to yield oil and soap, coarse lubricants and cooking compounds, meal for cattle-food, and fertilizers, and a dozen and one other by-products that promise still farther to make the South richer and more potent among the industrial giants of the western world. But, after all, King Cotton is not king except in an abstract sense. There are thousands of other exhibits quite as interesting, quite as instructive, as the snow-white, fluffy texture that is destined to play a part so important in the South's future. Some day all the cotton grown on Southern fields will be manufactured in the South, and then the great supremacy of the Southern States will be understood by the countries across the sea.

To see this interesting and instructive exposition properly, one should devote at least a week to the pleasure and take in the sights leisurely. The Southern Railway, which connects with the Pennsylvania System at Washington, D. C., is the unquestionable favorite among travelers from all sections of the country. This road is eminently progressive, and passes through a section of the South especially rich in historical data, thus affording the traveler an opportunity to see places of interest *en route*. The trains of the Southern are models of comfort, luxury, and convenience. Instead of buffet cars so prevalent in the South, the Southern Railway managers run modern dining-cars, in which meals may be had the equal in every respect to those served in the best hotels in New York. Another feature characteristic of the enterprise of the Southern Railway Company is the moderate prices demanded for every form of service it offers, winning at once the favorable commendations of those who, for the first time, have traveled over this splendid system. The dining-cars are provisioned with the best viands procurable in the fine markets through which the road runs, and thus the meats, eggs, butter, poultry, and cream served upon the charming-set tables have the freshness and flavor of food just taken from the farm.

AN EFFICIENT PREPARATION: TYREE'S COMPOUND ANTISEPTIC POWDER.

Since the discovery of the influence of the micro-organisms in producing suppuration and infectious disease the treatment of such disorders has been much more successful and based upon more intelligible principles. If we are able to destroy or even to neutralize the activity of the parasitic germs of disease, Nature will embrace the opportunity of restoring affected parts to a normal condition. The composition of Tyree's antiseptic powder clearly indicates its usefulness. From the published formula we learn that it contains large proportions of borax and alum associated with smaller quantities of carbolic acid, glycerin, the crystalline principles of thyme, eucalyptus, gaultheria, and mint. This is a happy union, indeed, and one which explains the beneficial results which have been found to follow its employment. It has been used with complete satisfaction by careful practitioners. It checks morbid secretion as well as arrests suppuration, and this combination of properties has rendered it singularly efficacious in a class of affections which entail much mental and physical distress. Abundant discharges from the female genitalia are a common consequence of many deviations from health. In both leucorrhœa and vaginitis, whether of simple or gonorrhœal origin, this preparation has manifested a very desirable efficacy. The manner in which it is used in these disorders is by dissolving a drachm in a pint of tepid water and injecting the solution by means of a syringe. Three injections daily are employed, and this quantity soon overcomes the offensive character of the discharge. At the same time, by allaying the local inflammation it prevents further flow. Moreover, it removes the secondary consequences of the disease, such as annoying and often intense pruritus of the outlets. Ulceration of the mucous membrane is likewise relieved. Suppurative affections in other regions of the body are no less amenable to the beneficial properties of the compound antiseptic powder. This preparation is made by J. S. Tyree, of Washington, D. C.

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The Southern Railway is the popular route, carrying you through the most interesting section of the South. You will find on your trip via this line many alluring spots of interest. There are fields made famous by the conflicts of war, scenery worth a much longer journey to behold, and others where one can learn something of the ways and the charm of life in the Middle South. Add to the historical and scenic attractions of the line the splendid exposition, by which the trip affords a magnificent revelation of the agricultural, mineral, and industrial resources of the South. Eleven-day excursion-ticket on sale from Philadelphia to Charleston and return for $19.80. Excursion-tickets on sale at all coupon offices in the East at correspondingly low rates. Complete list of hotels and boarding-houses, rates, time-tables, etc., will be furnished upon application to Charles L. Hopkins, district passenger agent, Southern Railway, 828 Chestnut Street, Philadelphia.

STANDARD GOODS OF A STANDARD HOUSE.

G. W. Flavell & Brother, of Philadelphia, are manufacturers of a class of articles which have established an enviable reputation. Their products afford support in a number of distressing conditions, which make life burdensome, and certain of which, indeed, are capable of cutting life short without much delay. Flavell's elastic trusses, elastic stockings, abdominal supporters, and uterine supporters are well known to the profession, as they are not articles of yesterday, but have been used with benefit by numberless patients and have been before the public for many years. They utilize the principle of elastic support: an assistance, that is, which yields with the movements of the body, but which is always active within proper, safe, and desirable bounds. A truss which is too rigid may cause pain without accomplishing any good result. Such an apparatus will inevitably be rejected soon by the wearer, who is apt, at the same time, to abandon altogether a belief in effective support. Such an article, however, as is offered by the firm named can be worn without any discomfort while it nevertheless keeps the loop of intestine within its natural abode. The same principle applies equally to elastic stocking for the relief of varicose veins. As these are sufficiently common in consequence of prostrating diseases, such as typhoid fever, and as a result of obstructed circulation due, for instance, to the impregnated womb, there are vast numbers who are ready to appreciate a device by which they may at least be decidedly relieved. Such alleviation may be obtained by constant use of these stockings.

The abdominal supporters appeal to those of either sex who, from excessive corpulence or other cause, are afflicted with pendulous abdomens which are certainly unsightly, but which subject the individual to more serious trouble than mere disfigurement. This supporter allays, to a considerable extent, the dragging and tense sensations which are produced by these unfortunate conditions.

The uterine supporter is an ingenious piece of light mechanism by which prolapsed or bent organs may be prevented from causing trouble due to the displacements.

THE GIRL WITH THE LOPE.

In this country it always seems to be necessary to overdo things. Some years ago a commendable movement was inaugurated in favor of the better physical development of woman. The healthful effects of out-door exercise were dwelt upon by eloquent writers and lecturers, and at last an interest was

created which promised great things for the fair sex in particular and the human race in general.

There are already signs that the American disposition to work any good idea to death is producing its natural results. The strictly-up-to-date girl is not satisfied to seek out-door exercise in the capacity of a woman. She wishes to make herself as much like a man in her method of recreation as possible. Hence, we see the advanced type of this particular style of femininity dressed as near after the style of the masculine sex as statute laws will permit, and assuming the characteristic gait and pose of the strenuous college-youth, who may be giving some attention to study, but making a specialty of athletics.

A violent wail has gone up for the "old-fashioned" girl and more subdued characteristics. When she becomes fashionable once more, the athletic girl will soon become a thing of the past, and delicacy of physique will have its innings again.

FISH DIET AND LEPROSY.

A very distinguished dermatologist has recently reannounced his belief that leprosy is caused by fish diet. The fact that a large majority of the medical profession have taken an entirely different view does not alter the firm convictions of this eminent dermatologist.

When the pilgrim fathers first arrived on the New England coast they did not find it convenient to establish a varied and picturesque *ménu*. It was a question of quantity rather than quality that confronted them in the commissary department, but by keeping their eyes open and making certain investigations they were able to make three important additions to their diet list, namely: cod-fish, oysters, and clams.

For a period of probably more than two centuries the cod-fish constituted an important feature of the New England diet. Fresh cod-fish was disposed of in a frozen state during the winter and salt cod-fish became an important feature of every grocery-store during the summer. Projecting beneath the counter at the combined store and post-office a long row of fish tails could be seen in every hamlet from Eastport, Maine, to Sandgate, Vermont. People residing along the coast of Connecticut and Rhode Island have for generations furnished "shore dinners" to a varied and enthusiastic crowd, in which the consumption of shell-fish has been practically beyond estimate.

The people of New England are, therefore, in position to form conclusions as to the results of a fish diet on a very practical basis. In fact, if the theory of a fish diet origin of leprosy is based on scientific principles, this disease should have been epidemic in a large proportion in New England for more than a hundred years.

THE PATHOLOGICAL EXHIBIT AT THE SARATOGA MEETING.

The Committee on Pathological Exhibit for the American Medical Association is anxious to secure materials for the coming session at Saratoga, June 10th to 13th, inclusive.

This exhibit was accorded much praise and comment during the sessions at Atlantic City and St. Paul, respectively, wher were collected valuable exhibits from all parts of the country. The materials included not only pathological specimens, but the allied fields—bacteriology, hæmatology, physiology, and biology—were well represented.

It would also be desirable to secure exhibits of new apparatus, charts, etc., used by teachers of pathology and physiology in medical colleges.

This exhibit has already become a permanent feature of the annual sessions of the American Medical Association, and the committee is desirous of securing its list of exhibits as early as possible, and to this end asks those having desirable materials to communicate with any member of the committee.

To contribute to the value of the work, it is suggested that as far as possible each contributor select materials illustrative of one classification and by such specialization enhance the usefulness of the display.

Those lending their materials may feel assured

that good care will be given their exhibits while in the hands of the committee, and due credit will be given in the published reports.

Communications may be addressed to Dr. F. M. Jeffries, 214 E. Thirty-fourth Street, New York City; Dr. W. A. Evans, 103 State Street, Suite 1403, Chicago, Ill.; Roger G. Perkins, West. Res. Med. School, Cleveland, O., Committee on Pathological Exhibit, American Medical Association.

PROFESSIONAL INDIFFERENCE AS TO VACCINATION.

Various medical journals have referred to the small-pox situation in New York, and the prevailing indifference among a good many physicians of that city as to the importance of revaccination when it has once been successfully performed. The experience of physicians in localities where small-pox has been epidemic has pretty thoroughly demonstrated the fallacy of reliance upon the immunity of adults through vaccination performed in childhood.

The desire to save a patient from unnecessary annoyance, is no doubt responsible for this laxity of zeal on revaccination. Cases have been reported in Philadelphia where at least a dozen attempts were necessary before revaccination could be made successfully. In these cases the results were more than gratifying when finally successful.

A MISTAKEN PROGNOSIS.

A prominent Boston physician recently was in attendance upon a child suffering with marasmus that had been given up by himself and another doctor, they both agreeing that it could not live. As a last resort, however, the child was placed upon Eskay's albumenized food. The doctor was sent for four days afterward, and was so surprised that he hardly knew it. He said it almost seemed as though it had gained twenty pounds, it looked so different, and a thrush with which its mouth was covered had almost disappeared. It has since been kept on the food, and is doing nicely.

A RICHLY-ENDOWED INSTITUTION.

Recent additions to the endowment of the medical school of Harvard University have brought that sum to nearly $5,000,000. There is, therefore, no financial barrier to the Harvard medical school becoming as prominent as an educational institution as the university itself. The question which will therefore interest the medical profession throughout the country is what is going to be done in the interests of medical instruction that will be commensurate with such a magnificent endowment? The medical faculty of Harvard will certainly feel that a great deal is expected of them now.

THE ABSENT-MINDED SURGEON.

A leading medical journal recently published a leading editorial entitled: "Foreign Bodies Accidentally Left in the Abdominal Cavity," and cites a sufficient number of cases to show that the possibility of leaving some surgical appliances somewhere within the interior of the patient is quite an item.

In one of Mr. Dooly's recent articles he refers to a man who was operated upon by an absent-minded surgeon, who left two or three of the tools of his trade within the abdominal cavity, with

the result that, after recovery, the clicking of the instruments could be easily heard by people who might be walking with the former patient.

The average reader would naturally infer that this was a "fancy sketch," but in the light of the statistics produced in the editorial article above referred to it would seem that Mr. Dooly's illustration was not overdrawn.

MEDICAL MISCELLANY.

"WHERE A MAN'S TREASURE IS, THERE IS HIS HEART ALSO."

Doctor, a patient whom you cannot cure is a bad advertisement and a poor friend—a menace to your professional reputation, justly or unjustly.

The man with a chronic complaint is an eyesore to his physician, a burden to himself, a bore to his friends, and a tyrant to those under him.

He does not reason that his condition is the result of his own indiscretions, neglect, or excesses. He does not take into consideration that his system has only yielded gradually to a persistent course of abuse in refusing to perform its natural functions. He will blame his constitution, his ancestors, or you—anyone but himself. He simply knows that you have failed to cure him.

You have exhausted every remedy at hand in efforts to restore him to health. To continue to prescribe drugs which you are conscious are doing no good is to commit a breach of good faith, and to be at war with your principles.

You may preach of the important adjuncts to health—systematic exercise, long walks, judicious diet, hydriatic measures, giving the skin an "eye-opener" by a cold plunge or sponge-bath each morning, opening the bowels, relieving the pressure on the brain, thus leaving it clear for the problems of the day.

The broken-down business man, who cannot run a block without blowing like a porpoise, will say to you: "Exercise? Don't I walk down to the office every day?" And so he does, or, rather, *pushes* himself along, without regard to carriage, expansion of lungs with pure, fresh air, or any object in view, except to get to his office as quickly as possible, where he immediately squats stoop-shoulderedly over a desk, and so remains for the rest of the day, excepting, perhaps, for a hastily-bolted luncheon at noon-time.

You may perhaps succeed in inducing your patient to abstain from certain foods for a meal or two, a few exercises are perfunctorily and aimlessly indulged in, he takes a morning bath occasionally when he gets up in time; but it is easier to slip back into the old method of eating that which tickles the palate, lying abed until the last moment, foregoing cold baths and exercises; and presently your patient is back again, and has the hardihood to look you straight in the eye and tell you that he has followed your advice and remains unbenefited.

You know perfectly well that he has not earnestly adhered to the letter and the spirit of advice given him.

Now, isn't that so?

WHAT IS THE TROUBLE?

A portion of it is laziness, pure lack of moral courage and energy.

Still more of it that he fails to realize *immediate* benefit, loses patience, and is not *convinced—has not confidence in the remedy.*

And, again, perhaps he lacks proper appliances and accommodations—warm room, etc.

He needs educating.

He needs to be taught a little physiology.

He needs to be taught the horse sense of *system* in caring for his person, just as in his business.

He needs to be *convinced.*

HOW TO CONVINCE HIM.

To see is to believe. If evidence is produced, your patient must be convinced. Propose that he visit some or one of the up-to-date institutions where the physiological method of treatment is extensively promulgated.

The first suggestion of absence from business will probably elicit: "Do you think I'm a gentleman of leisure, doctor? Who'll take care of my business?"

"No," you answer him, "you think he is a man of *sense* and *judgment*, a man who knows enough not to take a lame horse from a stable and run him as he would a well one, lest he cripple him for life, and *thereby lose money on him;* a man who knows that business will continue after he is dead; a man who realizes that health *is* money, *is business, prosperity, renewed brain-power, fresh ideas, remunerative labor, usefulness in the world, and ripe years.*"

Advise him to visit such an institution.

That pioneer in this particular field, the Battle Creek Sanitarium, where the science of utilizing the forces of Nature is taught on the most extensive plan and approved methods, will furnish you with illustrated booklets of appurtenances and accessories for health-getting, which of themselves are an inspiration. A visit to this institution or one of its various branches is a liberal education in the science of health-getting.

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By S. Baudry, M.D.

An injury to the eye occasions alarm to the patient which is amply justified by his observations. The physician is consulted even in trivial injuries to the eye when with an injury much more severe in another locality he would be ignored. It is, therefore, desirable to be well prepared for injuries to the eye. The medico-legal aspects of injuries of this character have been so varied and of such importance to the profession that this volume has been exceedingly welcome wherever it has been brought to a physician's notice. It is not enough for the family physician to know how to relieve an injury to the eye, he must also take into consideration the possibility of legal complications should his treatment fail to be correct. Extra Cloth, net, $1.00. Delivered.

TEXT-BOOK OF PRACTICAL ANATOMY. By Henry C. Boenning, M.D.

This is a very practical work, handsomely illustrated, which is likely to prove useful to every physician, especially if he has students under his instruction. To the physician who desires to refresh his memory on the basic principles of anatomy, this volume will appeal with special force on account of the large, clear type and equally clear illustrations. It contains about 200 Wood-engravings. Royal Octavo; nearly 500 pages; bound in Extra Cloth or in Oil-cloth. Price, net, $1.50. Delivered.

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The subject of hygiene is occupying the attention of the general public to a surprising degree. The knowledge possessed by the family physician is looked upon with the same assurance by the average patient as that shown by the child who eagerly questions his parents. Every conceivable question in the form of hygiene is likely to be put to the doctor; still it is a broad subject. The late lamented Col. George E. Waring, Jr., demonstrated how many were the deep scientific problems associated with the prevention of disease.

The hustling salesman who represents F. A. Davis Company is not likely to spend much time in the attempt to make sales for "Outlines of Rural Hygiene" at the selling-price of 75 cents, but the book is sure to give satisfaction, being well and entertainingly written. The book takes up from the modern standpoint the range of subjects on which every doctor is likely to be put on the witness-stand by his numerous clientele.

5 1/2 x 7 3/4 inches; 84 pages; bound in Extra Cloth. Price, net, 75 cents. Delivered.

ELEMENTS OF LATIN. By George D. Crothers, A.M., M.D., and Hiram H. Bice, A.M.

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